THE

MEDICAL AND SURGICAL REPORTER.

No. 1268.] PHILADELPHIA, JUNE 18, 1881. [Vol. XLIV.—No. 25.

Original Department.

Lecture.

ON THE NECESSITY AND USE OF THE SUSPENSORY BANDAGE IN VARIOUS AFFECTIONS OF THE TESTICLE, ESPECIALLY THOSE OF A VENEREAL NATURE.

BY F. R. STURGIS, M.D.,

Clinical Professor of Venereal Diseases in the Medical Department of the University of the City of New York: Surgeon to Charity Hospital, B. I., etc., etc.

Gentlemen—My apology for devoting a lecture to the suspensory bandage is its almost universal use, from its necessity as a preventive to injury and weakening of the genitals, and the by no means infrequent bad results which follow from an ill-fitting or improper bandage.

The three points I shall consider are:—

1st. The diseases for which it is applicable.

2d. The evil results which follow the use of a bad bandage, and the bandages best adapted for use.

The diseases of the testicle in which the bandage becomes a *sine quâ non* in treatment, are gonorrhœal epididymitis, varicocele, and neuralgia of the testicle. And first, as to the gonorrhœal testicle: This affection, as you know, does not come on at the first access of the disease, but is delayed until the twenty-third to the twenty-fifth day, and although induced by the extension of inflammation to the membrane lining the cord and testis, may yet be averted, by appropriate appliances. The first and foremost of these is support.

The object of this support is twofold: first, to prevent stasis of blood in and congestion of the organ, and second, to relieve the nervous tension and aching of the cord. The best support is the hand, but as the hand can do more service in other ways than by supporting the testicle, artificial aids are called into play, which are all of more or less good. In gonorrhœa the ounce of prevention is worth the pound of cure, hence the point which I have already laid stress upon—to direct your patient to obtain a well-fitting suspensory bandage at the commencement of the disease, assuring him that if he does not do so he runs a risk of suffering from a painful and tedious complication.

In varicocele the necessity is still more apparent, for the swollen and congested veins are a standing warning for support, and the discomfort and aching are continually appealing to the patient's nervous system, so that here a twofold condition is induced, physical organic changes in the veins and nervous irritability, a condition of things which sometimes leads to atrophy of the testis.

Neuralgia of the testis is another disease which is often alleviated by support, and if to that be added some degree of compression, such an amount of ease and comfort is obtained, compared to the former mal aise and torture, as to make the patient feel the value of a proper apparatus for the purpose. This compression should never be delegated to the bandage, whose sole function is to support the testis and to assist the scrotum, but it should be obtained by other means. The best thing for the purpose is several coatings of a flexible collodion, which, upon evaporation of the ether, contracts and produces a steady, even, bearable pressure over the neuralgic testicle.

These three affections are the most important

ones for the application of the bandage; but besides this, many a man in health is benefited by the use of a well adjusted suspensory bandage. Stout persons, in whom the abdominal viscera, loaded with fat, press heavily against the abdominal rings, and by pressure impede the circulation of the cord, are cases in point, and so much comfort do they get, that they never leave off their suspensory bandage. In summer, during the warm weather, the heat will often induce a temporary varicocele, which is relieved by a simple and proper support. Hence, you see, not only in disease, but in health as well, a support to the testicle is needed, and it behooves you, as surgeons, to be able to advise when and in what cases a bandage is requisite.

But to be of service it must fit well. What, then, are the requisites of a good bandage? They are two: support from below upward, and no cutting nor undue pressure upon any portion of the genital apparatus. Many varieties of bandage are sold, but nearly all are wofully defective, the most serious fault being that they either cut or exercise undue pressure at the perineo-scrotal angle, or else they abrade the skin at the junction of the scrotum and the thighs.

The best bandage is the one I show you, and is sold in the shops under the name of Rawson's United States Army Suspensory Bandage. In the first place, the elastic girdle admits of a self-adjustment to the shape of the patient's body, and to the varying positions which it may assume; in the second place, the posterior edge of the bag being cut in a sloping direction does not injure the scrotum nor the perineum, but lies evenly and snugly; and finally, the thigh straps are a good feature in securing steadiness, and in preventing the scrotum from sliding out of the bag, as it is so apt to do in the cheap and common bandages.

Before closing this lecture, I wish to say a few words about some of the evils which result from a poor or ill-fitting bandage. About those which do not retain the testicle, from the shallowness of the bag, I suppose it is not necessary to say much, still less to advise you against them. There is one seriously bad result that I have seen from a poor bandage, viz.: a perineal abscess, due to compression and irritation from the thick and clumsy edge of the bag; and I have seen several cases where a deep-seated urethral discharge was kept up by the same cause. Hence it is that I have devoted a lecture to this subject, hoping that by calling your attention to the dangers you will avoid them.

16 *West Thirty-second Street, New York.*

COMMUNICATIONS.

A CONTRIBUTION TO THE STUDY OF NERVOUS DISEASES.

BY EDWARD C. MANN, M.D.,

Physician-in-Chief to Sunnyside Retreat for Diseases of the Nervous System, Dipsomania and Opium Habit, Tarrytown on-the-Hudson, N. Y.

Somnambulism.

The partial interference with sensibility and mobility, and the consequent limitation of will in somnambulism, is known rather as a physiological curiosity than as an affection which places the individual in a different mental and legal position.

In whatever these intercurrent spaces of non-existence may have originated, whether from unfettered determination, or the idle, wandering imagination, or from the brain wasting following moral or intellectual hard work, it is certain that occasionally they pass beyond the power and in defiance of the will, and should be classed under the head of morbid nervous affections, if not with actual mental disorder.

A majority of the states similar to somnambulism and allied to it, such as trance and trance-coma, absence of mind and obliviousness, are probably produced by narrowing the scope of intellectual exercise, by nullifying the influence of the emotions, or by contracting the mental forces, which induce ill health, both by giving disproportioned prominence to certain faculties, and allowing others to fall into desuetude and apathy, and probably producing undue or defective nutrition in certain parts of the brain.

A very remarkable instance of forgetfulness and absence of mind occurred in a poet, who had taxed attention and introspection to the utmost, and who, having confined the exercise of intellect and memory within a narrow range, had impaired the observant powers. The anecdote occurs in the biography of Horkham Fréré, the scholar and man of letters, who, handing the Countess of Errol to supper, drank the negus he had prepared for her, and altogether forgot the object of their visit to the dining-room; and who, on the day of his marriage with the same lady, had no recollection until the evening that he had promised to accompany his bride to the country—having occupied the intervening time in reading his poems to his publishers. It is also related of Sir Joshua Reynolds, that after he had been for hours occupied in painting, and walked out into the street, the lamp posts seemed to him to be trees and the men and women moving shrubs. He had fixed his attention for such a length of

time on the picture before him that he could not direct it to other objects of sensation. It is noticeable that nearly all of these instances occur in men of vigorous, acute, perceptive minds, and of lofty intellect. It is the peculiarity of all these states—when they are not merely temporary effects of stimuli—that they essentially result in such consequences of bodily or mental degeneration as, robbing the thinking part of our nature of its nobler endowments, leave it in the impoverishment of an appetite, an unvarying set of words, a peculiarity, or a single, all-embracing thought; the morbid element consists chiefly in fixedness, in the inability of the will to substitute another train of reflection or perception.

The will, though feeble and fickle, is not entirely extinct, as it serves to guide in the direction of the predominating, if not constantly permanent, notion or incentive. It seems to me that we must class such states in the same category as the preoccupation of the insane, whose disordered imaginations can admit of nothing but the present and ruling impulse, the absorbing and exclusive anguish of the melancholiac. In all these cases there exists, in different degrees, a suspension of consciousness.

These spaces of non-existence, which sometimes occur at different ages and under widely different circumstances, and which pass beyond the power of the will, are states of actual disease of the nervous system, and are on the border-land which divides sanity from insanity. As I have just remarked, men of lofty intellect and vigorous and acute minds, by excessive and continuous application, overtaxing their attention and introspection, and confining the exercise of their intellect and memory within a narrow range, weaken their observant powers, and by concentrating their minds upon particular objects produce grave disorders of the nervous system. Sir Isaac Newton is a prominent example of contemplation so intense as to render him entirely oblivious to self and surroundings, or to the disturbances of perception. As regards their mental and legal responsibility, neither Sir Joshua Reynolds nor Sir Isaac Newton, during their states of partial suspension of consciousness, would have had a knowledge of the nature of their acts, whether they were culpable or blameless. It is a psychological fact that after the attention has been for a great while intensely fixed upon particular objects, the person cannot direct it at will to *other* objects of sensation. The morbid states of the brain which may be induced are exemplified in a marked degree in the lives of ascetics and ecstatics, and in those whose intense devotional feelings, as in the "Convulsionaries," Brahmins, etc., extend temporarily to enfeeblement of volition, and where the diseased functions of motivity and sensibility manifest themselves by violent convulsions and complete anæsthesia.

Somnambulism is a morbidly profound sleep, in which "the sceptre of reason is surrendered to a physical directed fancy." It is due, probably, either to an overloaded stomach pressing on the solar plexus, producing a partial paralysis in the coats of the arteries, and so in the cerebral circulation; sleeping with the head too low, strong mental emotion, etc., and it is a peculiarity of somnambulism, that even after the removal of the cause, the habit once established is apt to remain. It is frequent in youth and about the age of puberty. In states of unconsciousness accompanying somnambulism, the senses are awake and preternaturally alive. The muscles are regulated, and regulated, too, with a wonderful precision and power. There is a purpose, and there is a coördination of acts for its accomplishment; but consciousness is still asleep, and memory retains no record of the transaction, although it may have been prejudicial in the highest degree to the interest of the actor, or of others. In many states of unconsciousness the mind is forced to think or feel in a particular way, and is forced to instigate certain deeds in flagrant opposition to its ordinary character and tendencies, and in utter disregard of the promptings or of the resistance of other motives and considerations. There is a very close relation between acts committed during states of unconsciousness and mania transitoria, epileptic paroxysms, and irresistible impulses of insanity. They have in common irresistibility, suddenness, and rapidity. They are alike unannounced and of short duration. They are alike characterized by the exercise of free will being fettered or perverted, and there are undoubtedly distinct morbid conditions in all these different states. If we examined cases with sufficient care, in which states of unconsciousness occur, I feel quite sure we should discover prodromic signs of either exalted sensibility, suffering, sleeplessness, vague sensations which could not be defined, and other indications which have been observed to usher in other species of the neuroses. Somnambulism may be hereditary, but it is not inconsistent with fair health. It is apt to become periodical, patient having attacks once a week, fortnight, or month.

The treatment of somnambulism consists in preventing the very deep sleep in which the

phenomena of somnambulism are exhibited. The patient should be awakened once or twice each night, before the phenomena begin to appear; soon after retiring, and again after four or five hours' sleep, will usually answer.

Patients should dine in the middle of the day, and while taking care that all meals should be light and digestible, should be particularly careful not to overload the stomach at night. The use of electricity and nerve tonics, to bring up the general health to the highest point, are indicated.

Friends should be cautioned not to awaken patient when walking, as the fright may act prejudicially. He should be quietly put back to bed. The head should be well propped up by pillows, and too great weight of clothes must be avoided.

Catalepsy

Is a disease of central innervation of the nervous system, and may be accompanied by or accompany many forms of insanity.

In a cataleptic paroxysm the limbs of a patient remain in the position in which the patient had them before the inception of the paroxysm, or in which any bystander may place them during the paroxysm.

The patient's will is powerless to bring the limbs into any other position, by reason of muscular contraction induced by excitement of the motor nerves proceeding from the spinal cord.

Catalepsy accompanies many of the neuroses, such as insanity and chorea, and is induced, probably, by mental emotion.

It is preceded by dizziness, headache, and a very irritable state of the general nervous system, and begins very suddenly.

A patient sitting at my dinner table, who had placed herself under my care, presented the following typical symptoms and manifestations of a cataleptic attack, which serve very well to illustrate the disease as it generally appears. The lady in question, while in the act of conveying a morsel of food to her mouth, became suddenly rigid and pale, the arm being arrested in its passage, and being immovably fixed with the fork a few inches from the mouth. The whole body was as motionless as if the patient were carved out of stone. The eyes presented a widely opened, staring condition, and consciousness and sensibility were entirely suspended. Respiration could not be detected, and the pulse wave could not be felt at all. In about four minutes the patient sighed deeply, made a full inspiration and resumed her dinner, quite unaware of what had happened to her. Patients sometimes retain full consciousness during an attack. These cases are of interest to the practitioner, although comparatively rare, as the cataleptic paroxysm or fit annoys and disturbs the patient's mind, lest they should come on while traveling or away from home and friends. Although the fits generally last but a few minutes, they may, possibly, last for several hours, and in extreme instances may last for days. The chief indications for treatment are to improve the general nervous tone by nerve tonics and electricity; induce the patient to lead an outdoor life, eat regularly, avoid rich, indigestible food; to retire early; and if the patient complain of a sleepless condition, to administer the bromide of lithium, in five-grain doses, at bedtime, or the Fothergill's solution of hydrobromic acid, in fifteen to thirty-drop doses, in water. I have found the constant current the most serviceable, under the form of central galvanization.

To recapitulate: catalepsy comes on suddenly, generally after mental or emotional disturbances; the patient becomes corpse-like and pale, the respiration being slow and the pulse very soft, and, perhaps, not discernible. The patient cannot be roused and sensibility is lost.

The stiffness of the muscles is a diagnostic feature of the disease, which is such that, if a limb be put forcibly into any position it retains it.

Patients remember nothing of any attack or what transpires during its continuance.

TWO CASES OF COMPOUND GANGLION OF THE FLEXORS OF THE HAND, AND THE TREATMENT.

BY J. S. WIGHT, M.D.,
Professor of Surgery at the Long Island College Hospital.

Reported for the MEDICAL AND SURGICAL REPORTER.

CASE 1.—Mr. W. W., age 38 years, foreman in a warehouse, married, born in England, a patient of mine for many years, had a large compound *ganglion* on the anterior aspect of the left hand, wrist and forearm, which began about four years previous. He did not wish to leave his work, for the purpose of having an operation, in order to make a radical cure. The swelling in the palm of the hand and above the wrist joint finally became so great as to seriously impair the use of the hand. At this time, May 1st, 1879, I advised an operation, which was postponed, on account of the temporary indisposition of the patient.

During the last week of the following June the ganglion began to inflame, becoming red,

tense, and painful. In about ten days the tissues in the palm of the hand became quite thin, as if there was an abscess *pointing* at the most prominent part of the ganglion. At this time an opening was made at the point where the tissues were thinnest, by means of a narrow curved bistoury, so as to allow the contents of the ganglion to flow away slowly. The contents were a healthy pus, the ganglion fluid and some fibroid bodies. The hand was dressed with lint, saturated with carbolized oil; the same dressing being continued during the subsequent treatment. The hand and forearm were gently compressed with a bandage, which was removed and reapplied from day to day—a compress being kept on the part above the wrist, where the ganglion had been prominent before the operation. The sac of the ganglion slowly contracted, and formed less and less purulent fluid from day to day during the four or five subsequent weeks, and finally became entirely obliterated, and the opening in the palm of the hand very completely cicatrized.

From the time of the operation till the end of treatment, every time the hand was dressed passive motion was made. Each and every finger was moved, so as to prevent adhesion of the flexor tendons, and so as to remove the persistent flexion that had been caused by the ganglion. The result was quite perfect: the motion and the strength of the hand, wrist and forearm were, according to the statement of the patient, as good as they had been previous to the formation of the ganglion. A very small scar can be seen in the palm of the hand, where the opening was made.

Case 2.—Miss D. D., age 20 years, servant, born in Ireland, had a large compound *ganglion* on the anterior aspect of right hand, wrist and forearm, which began about three years previous. She had always been well. The ganglion was painful in the morning, and interfered with her work.

This patient was admitted to the Long Island College Hospital, the second week in February, 1881. On the 9th of February I performed an operation, which may be described as follows: After the administration of ether, the hand, wrist and forearm were placed under the antiseptic spray, a puncture by an ordinary tenotome was made into the cavity of the ganglion, at the most prominent points, both above and below the annular ligament, the small nozzle of a Davidson's syringe was inserted into the upper opening, and the ganglion was completely washed out with a ten per cent. solution of carbolic acid—carrying out a large number of fibroid bodies: The fluid of the ganglion would probably measure about six ounces. An antiseptic compress was laid on the anterior part of the wrist, over the entire sac of the ganglion, and kept firmly in place by a bandage. In about one week the bandage and compress were removed and reapplied; soon after, the ganglion began to fill again, and after it filled up full and tense, it began slowly to diminish in size; the sac slowly contracting and the fluid being absorbed.

On the 30th of March the patient was given ether, and I again opened the ganglion sac above the annular ligament. The sac was very much thickened, it was firm and resisting, about one-half of an ounce of fluid came out and a few fibroid bodies. The motions of the fingers and wrist have become much more extensive. A pad of carbolized oakum was bound over the opening.

Passive motion of the joints and tendons of the hand and forearm was made from day to day, and compression of the tumor continued. On the 7th of April the swelling in the palm of hand was almost gone, and a fleshy swelling was left above the wrist, mostly made up of the contracted and closed sac of the ganglion. The motions of the parts, both active and passive, were approaching the normal.

The patient was discharged from the hospital on the 4th of May, having good use of her hand, there being still some swelling above the wrist, though the sac appeared to be obliterated.

THE DIAGNOSIS OF MORBUS BRIGHTI FROM OPHTHALMOSCOPIC SYMPTOMS IN THE RETINA OF THE NEGRO.

BY W. H. WYNNE, M.D.,
Of Kansas City, Mo.

As the diagnosis of the exanthema in the negro is difficult and the symptoms referable to parts other than the skin, it is equally difficult to state positively the exact condition of cases of disease of the retina from ophthalmoscopic symptoms.

While a student in the immense clinic of the Ophthalmic and Aural Hospital, of New York city, but few cases of retinal disease in the negro presented themselves. It is stated in text books, and I have heard it stated by men of good reputation, that the retina shows itself in the eye of the negro by a "gauze-like" or "spider web" appearance, veiling the fundus. I have examined, at every opportunity, the retina of the eye of the negro, the cases now numbering one

hundred and nine, and I have yet to see, in what might truthfully be called the healthy condition, any such appearance. The ophthalmoscopic picture, as I have invariably seen it, is as follows, and I regard, from close examination of a large number of retinæ in the negro, the "gauze-like" or "spider web" appearance as false, and a statement repeated by men who have heard their superiors repeat it, who have themselves in turn learned it in precisely the same way.

Here are the facts as I see them: instead of the reddish reflex of the white, the reflex in the black is almost the same as that of detached retina in the white, or like the localized cloudy appearance produced in the retina from embolism of a branch of the central artery. I have made close examination of all this number of cases, pupils dilated with homatropia, direct and indirect method, and this reflex has always been present. The arteries are distinguished from the veins only by the larger size of the latter, and their more tortuous course, and not by any difference of color. The relation of veins or arteries in the one or the other passing over or under is not definite in the retina of the white or the black.

In my examination for a certificate of attendance given at the School of Ophthalmology and Otology, in connection with the New York Ophthalmic and Aural Hospital, I was asked to enumerate the ophthalmoscopic symptoms of morbus Brighti. In doing this I was reminded of having omitted, "the white patches," around the optic nerve, particularly between it and the macula, as being of greater importance and more pathognomonic of the disease than the stellate arrangement around the macula. I write this article with the view of asking, how is it possible to make the diagnosis of morbus Brighti in the retina of the negro, if that diagnosis must depend upon the examiner being able to see "white patches" upon a surface that is already white?

In the negro, I say, it is impossible to make the diagnosis of disease secondary to renal disease, if the existence of white patches around the disk must be taken as conclusive evidence. Of the one hundred and nine negroes, forty-two were healthy; the remainder, sixty-seven, presented themselves for eye disease with reduced vision. By examination of the urine, the history, etc., no doubt was left as to the existence of Bright's disease in nine cases. The small atrophic kidney, being the form causing, or most frequently present, when the eye is said to be the seat of Bright's disease, was undoubtedly present here. What was the ophthalmoscopic appearance? No white spots could be seen, but a most beautiful and distinct stellate arrangement around the macula, by far more typical than I had ever seen it in the retina of the white.

To summarize: The ophthalmoscopic appearance of the retina in the negro as "gauze-like," is incorrect, in my judgment; and the diagnosis of Bright's retinitis impossible, if it depends upon the existence of "white patches" around the disk, or between it and the macula.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF JOHN ASHHURST, Jr., M.D.,
Prof. of Clinical Surgery.

Reported by Guy Hinsdale, M.D.

Case 1.—Lateral Lithotomy.

Our first case is one of vesical calculus, requiring the operation of lithotomy. The patient is a boy five years old, and he has shown symptoms of stone for a year or two. I will have him etherized and will sound him before you.

The symptoms of stone in the bladder are evident. There is pain, referred to the end of the penis, but due to the irritation at the neck of the bladder. This is owing to the fact that both these regions are supplied by branches of the same nerve.

Another symptom is incontinence of urine; but what I regard as a more valuable sign is a sudden cessation of the flow, followed by its return. In case of obstruction by a stone falling against the internal orifice of the urethra, a change of position will usually allow the flow to come on again. This is characteristic; the flow is suddenly checked and then the obstruction yields.

But none of these signs are absolutely pathognomonic. All the rational symptoms, except, perhaps, the sudden arrest of the flow of urine, occur independently of calculus, as in cases of tubercle of the bladder, or even as a consequence of simple inflammatory changes.

The true evidence is that gained by sounding. If the stone is small it may escape detection, from using an instrument not well adapted for its discovery; the calculus may slip around the curves of the sound and be missed; hence, we should use a sound with a short curve, which will enable it to be turned around behind the prostate if necessary. By the instrument which I now show you I once recognized a calculus which, on being removed, was found to weigh less than two grains, but which produced the most intense symptoms of urinary obstruction. In this case retention of urine constantly occurred, from the stone entering and plugging the posterior part of the urethra, and in micturition, the night before the operation, the straining was so intense that the patient ruptured a small blood vessel in each eye, producing well marked sub-conjunctival ecchymosis.

The stone may also escape detection from being covered with mucous membrane, and encysted; or it may be covered over all excepting a small portion of its surface. It is a rule, when there is reason to believe that a stone is present, though it cannot be felt with the sound, not to be satisfied with a single examination, but to examine the patient again in a few days, or in a different position, or with different quantities of fluid in the bladder.

On the other hand, one may think there is a stone present when there is not. The sound may strike the sacro iliac symphysis, and the sensation be very deceptive. The walls of the bladder itself may be ribbed and thickened, or they may have a calcareous incrustation. These are the most common sources of mistake.

For demonstration to a number of persons simultaneously, a sounding board may be attached to the instrument, but the surgeon himself, in using the sound, relies on feeling quite as much as on hearing.

In children, lithotomy is the best operation for the removal of stone, the mortality of lithotrity in children being almost as great as that of lithotomy at all ages. The mortality of lithotomy in children is about five per cent. In adults it is different; the constitution of the patient, and particularly the greater liability of the viscera to organic disease, add very much to the danger.

The size and constitution of the stone indicate, to a certain extent, the operation to be employed. If the stone is larger than an English walnut, *i. e.*, from an inch to an inch and a quarter in diameter, or if it is very hard, lithotomy would usually be the proper method to employ.

The operation which we practice to-day is left lateral lithotomy. It is the old operation of Cheselden. The median operation is particularly adapted for the removal of foreign bodies. We have, also, for large stones, the supra-pubic, the recto-vesical and the bilateral operations; but, practically, for almost all cases, the lateral operation is sufficient.

For lithotomy you need a suitable knife; that known as Prof. Gross's is a good one, and commonly answers every purpose. I have often, in children, used simply a straight bistoury. If you have to divide the right side of the prostate as well as the left, you will find it useful to have a blunt-pointed knife. The staff which I prefer is one grooved on the back; many surgeons, however, use a staff with a groove on the left side. This groove should not fade out into nothing as the end of the staff is reached, but should terminate abruptly near the end of the instrument, so that the knife may be firmly arrested without any liability to slip. The forceps, of various shapes, may, if preferred, be covered with linen or flannel, as advised by Mr. Liston, thus preventing them from slipping. A scoop is also needed.

For the operation, the first step, after the patient is etherized and tied in the proper position, is to inject into the bladder a little warm water, just enough to distend its walls, and, as it gushes through the incision, to aid in the removal of the stone by bringing it down to the neck of the organ. We then introduce as large a staff as we can get in, remembering that a child's urethra can take a staff larger, in proportion to his size, than that of an adult. Having introduced the staff, I can with it also strike the stone, which is a surety that the instrument is properly placed in the bladder.

The incision should be made starting from a point corresponding to the perineal centre, just a little to the left of the rhaphe, and from an inch to an inch and a half in front of the anus, slightly below both and a shade nearer the tuber ischii. This incision necessarily divides the transverse perineal artery; if it be made too far forward we are in danger of wounding the artery of the bulb; if, on the other hand, the knife be carried too far backward, there is danger that the rectum or the prostatic plexus of veins may be wounded; while an incision placed too far to the outer side might endanger the pudic artery.

The first incision need not divide more than the skin, superficial fascia and fat; many surgeons, however, take pleasure in exposing the staff with the first cut. The plan which I recommend I think you will find more satisfactory to yourselves and safer for your patients.

I now put the middle finger of my left hand into the rectum and feel for the tuber ischii. Having made a rather long external incision I deepen it gradually and strike the staff at as low a point as possible. With my knife now on the staff, and feeling the groove, I push it along until a gush of water shows that the bladder has been entered. In introducing my finger I gently insinuate it *above* the staff, so as to avoid any risk of getting the finger between the bladder and the rectum. With a small scoop I now readily extract the stone, which, you see, is quite a small one, though it gave the patient so much trouble. I finally inject a syringe-full of water, so that, if there is any débris, it may not be left behind.

It is not likely, in a child of this age, that it will be necessary to tie any vessels; it is probable that all bleeding will stop when the edges of the wound are brought together. The outflow of water brought the stone down, so that I felt it right underneath my finger. The difficulty of the operation in children is in reaching the bladder, and this arises partly from the fact that, at that age of life, the bladder is an abdominal, rather than a pelvic organ. In adults, on the other hand, the trouble is in getting out the stone.

The after treatment is very simple. Keep the knees together for a few days, to prevent the edges of the wound being torn apart; a draw-sheet should be placed under the patient, so that he may be constantly kept dry. For a few days the urine will escape entirely by the wound, then through both the wound and the urethra, and finally, as the healing process advances, the urine will be passed through its proper channel.

For children, the prognosis is very favorable. Unless some unforeseen complication should arise, we shall expect that our patient will certainly get well.

Case 2.—Plastic Surgery.

I next show a patient on whom, a few weeks ago, Prof. Agnew did an operation for epithelioma of the lip, and who is about to leave the

hospital. The growth was quite a large one, and a very extensive flap was brought up from the neck to close the gap left by its removal. The result is excellent, and there is very little deformity, and what there is will probably disappear in time. The upper lip will gradually come down, and the lower lip, although it is retracted, will come up, and the patient will, no doubt, be able to close his mouth entirely in a few weeks.

Plastic operations on the face are very satisfactory in their results. The face is so vascular that we can transplant large flaps and get union, whereas, in other parts of the body, not so well supplied with blood, a similar flap would be apt to slough, rendering the condition of the patient worse than before.

Case 3.—Amputation of a Finger.

This man is a carpenter. Six months ago one of his fingers received a severe bruise, and he comes here to-day with anchylosis of the joint. In his work the finger is very much in his way, and he wants it removed.

A forefinger, even if crooked, when it can be brought into contact with the thumb, is useful, and we can say the same of the little finger; but in the case of the others they are often more awkward than useful. If you have occasion to amputate these fingers above the ultimate joint, go to the metacarpal articulation. In the forefinger and little finger, on the other hand, every part that can be saved is of advantage. We often see cases in which only the thumb and forefinger or the thumb and little finger can be left, and yet the patient can make great use of such a hand. The thumb alone, with the palm of the hand, or even one joint of the thumb with one or two fingers, makes a good hand, with which a man may lead a very active life.

At the metacarpal joint the oval operation is the best, and it is made after the manner of the Larrey operation at the shoulder. A short longitudinal incision is made just below the knuckle on the back of the hand, and then curving the incisions obliquely downward through the interdigital webs, and then across the palmar surface of the finger, oval flaps are produced.

The middle finger of this hand is stiff, it is anchylosed, and no orthopædic operation would be of any use. There is not much hemorrhage attending the amputation of a finger. Slight compression made over the radial and ulnar arteries answers very well in preventing bleeding during the operation. There is not the slightest need of applying a tourniquet. There are usually two vessels to be tied. Put the arm and hand immediately at rest in a splint, and it will be very seldom that any bad consequences will follow. The operation can be done, if necessary, without ether.

JEFFERSON MEDICAL COLLEGE HOSPITAL, PHILADELPHIA.

SERVICE OF R. J. LEVIS, M.D.,

Reported by H. AUGUSTUS WILSON, M.D.

A New Method of Operating for Phimosis.

At a recent surgical clinic, held in the Jefferson College Hospital, Dr. Levis showed the class his new procedure in the operation for phimosis.

The accompanying cut illustrates the instrument devised for the purpose. It is four inches long, and somewhat resembles the ordinary mathematical dividers or compasses. The legs have blunt terminations, and on their outer surfaces, for a distance of an inch and a half, are deeply serrated, with teeth set backward, to prevent the mucous membrane from slipping when traction is made. By means of the thumb screw the blades are forced apart and retained in that position throughout the operation.

The method of using the instrument is to insert it closed within the prepuce, passing it well up to the corona of the glans. By turning the thumb-screw the blades are widely separated, thus making tense the mucous membrane. Traction is then made upon the instrument, and at the same time the outer elastic skin is drawn backward, and divided near its junction with the mucous membrane, by a circular sweep of a knife. After division, the integument is retracted, exposing to view the mucous membrane beneath, which is then freely cut with scissors quite close to its attachment to the glans, leaving only sufficient to hold sutures. To this stump of mucous membrane the cut edge of skin is attached by three or four points of interrupted suture.

A cord or a few turns of a narrow roller bandage may be tightly applied as a tourniquet around the root of the penis, to render the operation bloodless. Any bleeding vessels may be ligated, but usually the hemorrhage is not sufficient to render ligation necessary.

The after treatment is the same as after the more ordinary operations.

The method so frequently adopted of removing an equal amount of mucous membrane and skin, or, as is more apt to be done, because of its elasticity, removing an excessive quantity of the normal outer skin, is open to serious disadvantages, which this procedure will avoid. The prepuce, after such operations, instead of lying normally in folds behind the corona, is, as a not uncommon result, stretched too tensely over the body of the organ, rendering erection sometimes painful, often difficult.

The writer has recently seen a case where, as a result of a faulty operation for phimosis, the penis was without integumentary covering for about one-half of its extent, and the organ, thus

deformed, was a source of great annoyance to the patient, preventing his consummating a marriage engagement.

The object of this improved procedure is to remove nearly all of the inelastic mucous membrane, in which structure the constriction generally lies, and to leave as much as possible of the elastic skin to cover and protect the glans penis. The removed and morbidly tight mucous membrane is substituted by the elastic skin, as far as necessary. The ready convertibility of the skin into mucous membrane, and *vice versa*, is recognized in operations about the nose, mouth, and other parts where the skin and mucous membrane are joined. The instrument may be obtained from the surgical instrument makers.

EDITORIAL DEPARTMENT.

PERISCOPE.

On Utero-Vaginal Injections in Childbed.

In January, before the Obstetrical Society of Dublin, Dr. W. J. Smyly read a paper on this subject. Utero-vaginal injection in childbed was a practice of great antiquity, but had of late years been practiced to an extent far exceeding that of former times. The cause of this he considered to be twofold: first, the more general adoption of the *dictum* of Semmelweis, "that puerperal fever was, without any exception, a fever of absorption, arising from the absorption of decomposed animal organic matter," which led to a belief in the identity of that fever with ichorhæmia, septicæmia, and pyæmia; and, second, the wonderful power of so-called Listerism in preventing the diseases in the field of general surgery, which leads to a desire for the employment of similar antiseptic precautions in childbed. Dr. Smyly then proceeded to show that the use of the utero vaginal douche in childbed, though apparently rational, and easy of accomplishment, was, nevertheless, one not unattended with considerable risk—either (1) from the irritation it might produce, owing to the high state of nervous excitability at the time of parturition, resulting in fits of hystero-epileptiform convulsions ending even in death, as in some cases quoted; or (2) from the displacement of uterine thrombi, causing hemorrhage; or (3) from overdistention of the uterus, giving rise to inflammation, or possibly to the escape of fluid into the abdominal cavity through the Fallopian tubes; or (4) by the entrance of air into the uterine sinuses, as suggested by the younger Legallois in 1829. Dr. McClintock had explained the mechanism by which the entrance of air into the veins in such cases took place. The veins of the gravid uterus were remarkable for their extraordinary size, their freedom of inosculation, their total freedom from valves, and their termination on the internal surface of the uterus, at the site of the placenta, by large open orifices. The same condition of the organ which caused flooding was exactly that which was indispensable for the ingress of air; so that the latter, when it did take place, was almost of necessity preceded or accompanied by hemorrhage. That he considered a most important point, and one which had been observed in almost all cases where air or other fluid had entered the circulation. The usual symptoms of such an accident having occurred were, a gurgling sound, escape of blood from the genitals, sudden sense of oppression and breathlessness, collapse, and asphyxia. The following case came under Dr. Smyly's observation, in the Rotunda Hospital, in 1879. M. M., aged thirty-five, was delivered of her first child in the hospital; the labor was natural, with the exception of laceration of the perineum, down to, but not through, the sphincter ani. All went well until the third day, when, the lochia being offensive and the perineal wound unhealthy, she was ordered to have the vagina syringed with a solution of Condy's fluid, which was done by means of a Higginson's syringe, in the ordinary way. Suddenly the woman became collapsed, respiration ceased, the pulse at the wrist became indistinguishable, and the cardiac impulse, which could faintly be felt for some time, soon ceased. The surface presented a mottled, marble-like appearance, from over-distention of the superficial veins; and in spite of all the efforts to restore vitality the woman died within twenty minutes of the accident. The *post-mortem* examination showed a quantity of frothy blood in the right heart; and when a knife was thrust into the distended iliac veins air escaped with an audible whiff. The dangers following the injection of carbolic lotion into the womb were not mainly due to the poisonous nature of carbolic acid, but, as shown by Dr. Fritsch, were really to be ascribed to the action of a heterogeneous fluid upon the nervous centres; as the transfusion of lamb's blood and the injection of salicylic acid lotion were followed by a similar series of symptoms. There was yet another danger attending the use of the vaginal douche in childbed, viz., the possibility of communicating thereby the very disease it was intended to prevent, either by direct infection from septic instruments, or by the admission of air into the womb—a circumstance which must be looked upon as somewhat analogous to making a simple fracture into a compound one. He, therefore, deprecated the use of vaginal injections, as a routine practice to be employed in every case; but admitted that in a certain number of cases, especially those in which there was already gangrene, decomposition, or the formation of gas going on in the uterus, it was most desirable. When injections were resorted to, it was most advisable that the method employed should be simple, and, at the same time, such as to reduce the risks to a minimum; for which qualities he recommended the common irrigator, with metallic tube and stop-cock, and condemned all pumping contrivances, such as Higginson's syringe, as its gum-elastic tube soon

became soft, and readily cracked—thus rendering the absorption of septic matters most probable. It was also very liable to pump in air along with the fluid, and the stream being sent in jets was more dangerous than the even flow from an irrigator.

Sunstroke and its Treatment.

Dr. D. H. Cullimore writes to the *British Medical Journal*:—

I landed in India an orthodox believer in the absolute necessity of rapidly attempting to reduce the body temperature by cold baths, and in two forms of sunstroke I am still of opinion, mainly on theoretic grounds, that the treatment is the most effectual we possess. There is, however, a third form, and one that most frequently comes under the notice of the medical officer in India—at all events while in civil employment—in which my experience has not only taught me to prefer the tepid and warm baths (from 90° to 98° Fahr.), but has led me to think that cold baths proved rather injurious than otherwise. This third form was probably the disease, complicated with malarial fever, from which the Marquis of Ripon has lately recovered. The varieties of sunstroke to which, in my opinion, the cold bath should be restricted are these:—

The first is the sudden stroke from the direct effect of intense sun-heat, combined with great fatigue, and predisposed to, perhaps, by the use of stimulants. This form is rapidly fatal; it most frequently occurs in young, vigorous, unacclimatized men, whose internal organs are probably sound; and is attended with loss of consciousness, pungent heat of skin, perhaps convulsions, and death from syncope, owing either to stunning of the brain, or to paralysis of the conducting nerves and their centres, brought about by a coagulation of the albuminous bodies in the nerves, muscles, etc. Here the immediate and repeated use of the cold bath, with the application of cold to the head, seems rational enough. I have seen but one case of this kind; and death was of too rapid occurrence to allow any treatment to be adopted with any chance of success. There were *post-mortem* signs of cerebral congestion and effusion of blood. The lungs were considerably engorged. The patient had an epileptic history.

The second form, in which the immersion of the body in cold water will reduce the temperature so as to permit the renewal of the suspended functional activity of vital organs, is that kind of heat asphyxia known to occur on board ship in narrow tropical seas, or ashore in the crowded barrack-room.

The third variety, and that in which my experience has led me to discard the cold and adopt the tepid and warm bath, may be described as follows: It occurs most frequently among acclimatized district civilians—engineers, police and medical officers—men whose duties necessarily expose them, at times, to great and prolonged heat, considerable fatigue, and a good deal of discomfort, while sojourning in tents or travelers' bungalows. They are probably tainted with malaria, and may have occasionally suffered from attacks of congestion of the liver and dysentery. While on a tour of this kind, the patient elect begins to feel irritable, tired, and out of sorts; he tries to look bright and pull himself together. After a day or two, the heat of skin increases, and he ceases to perspire; there are headache and intolerance of light; and when considerably done up he returns home, and after a sleepless night sends for the Doctor. His face is now flushed; there is intolerance of light and sound; perhaps delirium and muscular twitches; the skin is dry and burning; the temperature 106° or 107° Fahr., with exacerbations if complicated with fever. The pupils are often contracted; and there may be tenderness over the hepatic region, with a yellow conjunctiva. Patients suffering as described generally recover if treated promptly. The disease is liable to recur, and a sojourn in Europe is advisable, but not absolutely necessary.

The treatment which I have adopted in several cases of this affection, and to which, were I a patient myself, I should wish to be subjected, is as follows: A warm bath, to be repeated according to the judgment of the medical attendant; cold to the head, in the form of irrigation, if the patient will bear it; and removal to a cool, dark room, with a punkah. A thermantidote would be a great advantage; it is, however, necessarily restricted to public institutions, and I have never seen one in use in India. Aconite and belladonna, in from three to six minim doses, should be given every two hours. This combination is invariably followed by free perspiration, but a coincident reduction of the temperature does not always accompany it. Still it is the best means of attaining that end, at the same time controlling the meningeal disease. Bromide of potassium is a useful addition in some cases; chloride of ammonium in others; and quinia, if there be a malarial complication. Quinia, unless in cases of ague, does not, I think, reduce the temperature of the body. Potash water is the best beverage.

The Treatment of Anthrax.

We read, in the *Paris Médical*, that this subject was under discussion in the "Société de Chirurgié," on March 30th.

M. Le Fort, following the example of the German and Russian surgeons, has used a sharp curette in three cases of anthrax. He made a crucial incision on the anthrax, and removed the greater part of it by means of a sharp curette. He was obliged to desist, owing to the patient's being in extreme pain; however, a rapid cure followed. In a third case he made use of chloroform, and the patient was able to leave the hospital after seven days. M. Sée has also used the curette on anthrax after making a crucial incision, and he obtained an advantage both in the duration of treatment and the intensity of the general phenomena. He has, however, given up this method, and adopted Hueter's process, which should be used when the disease first appears. A small incision is made on the periphery, through which a curved tenotomy knife is introduced, and all the accessible fibrous parts are dissected. This should also be done on a few other points. All the little cells con-

taining pus are thus united into one. and an ordinary abscess is thereby formed. The teguments suffer but very little loss of substance, and healing very rapidly follows. M. Tillaux observes that this method was suggested many years ago by M. Alph. Guérin. He does not approve of such incisions in all cases, but would reserve them for when the anthrax is very painful. M. Marjolin believes that success depends upon the incisions; they should be numerous, and extend beyond the limits of the affected parts.

M. Le Dentu has. within some time past, attended four very serious cases of anthrax, which he boldly incised, and they healed. In all these cases a marked amelioration rapidly followed. He believes an anthrax should not be incised before the sixth or seventh day. With one of his patients he used, as a dressing, a three per cent. solution of boracic acid mixed with half its bulk of tincture of iodine.

In the proceedings of the Société de Chirurgie for April 6th, reported in the *Paris Médical*, we find that M. Sée again brought up the treatment of anthrax, and having read M. A. Guérin's article on this subject, he insisted on the difference existing between that and Hueter's treatment. Hueter removes all constrictions of the cellular tissue in every direction, while Guérin simply made subcutaneous incisions. By the aid of small openings M. Sée dissects all the freni which extend from the skin to the superficial aponeurosis, and he also uses those openings for antiseptic injections.

M. Labbé called attention to a diversity of opinion existing among surgeons. Some (Broca) recommend total extirpation of anthrax, while others favor a palliative treatment. These opinions are based upon particular facts.

There are cases in which anthrax heal readily, and almost of their own accord, while in others elimination is difficult. Indurated anthrax, also called ligneous, requires large and numerous incisions, and sometimes, too, ablation, as recommended by Broca. M. Déspŕés treats anthrax without incisions, and out of forty-nine individuals he only lost three; two who were diabetic, and one who, when he came under his care, was already suffering from phlebitis. An anthrax formed out of a reunion of furuncles requires no incisions; a gangrenous anthrax cannot hasten the elimination of the eschar.

M. Trélat desires the fact known that Broca, who proposed ablation for anthrax never performed that operation. Therapeutics should vary according to the cause of anthrax. M. Trélat concludes by offering the following specified treatment: a limitation of the tumor, the elimination of the secreted matters, and antiseptia.

M. Tillaux can see no difference between Hueter's process and that of Guérin. Incisions may not be useful at the start, but when anthrax has reached a certain stage, they reduce fever and bring relief.

M. Verneuil is less affirmative. He thinks that out of one hundred cases of anthrax there are eighty which should be left undisturbed. The two chief indications are these: an anthrax should be incised when it is very painful, and when it is not self-limiting. As regards diabetic patients, their case is peculiar. M. Verneuil discourages all incisions with the bistoury, because of their liability to hemorrhages. The thermo-cautery should be used, and with it incisions made all around and extending beyond the limits of the anthrax. Subcutaneous incisions are considered by M. Verneuil as operative subtilties.

M. Th. Anger, has followed with success Nélaton's precept, of making large crucial incisions, and extending them in depth, so that the four flaps should be movable upon the deep parts.

M. Boinet states that on diabetic patients he makes seven or eight star-like incisions; in these he inserts arrows of Cangnoin paste, and then dresses the parts with tampons of lint saturated with tincture of iodine.

Rules for Introducing the Uterine Sound.

Cameron gives these judicious directions in the Glasgow *Medical Journal*:—

It may seem unnecessary that we should here repeat the warning, never to pass the sound where there is any reason to suspect pregnancy, as then you incur the serious responsibility of producing abortion; but the too frequent mistake of overlooking such a condition demands the repetition of this caution. The utmost care should be taken in the introduction of this instrument, because without this you may perforate the tissue, perhaps already softened, or set up peritonitis. Malignant disease of the cervix or fundus excludes its use, as also acute inflammation of the uterus or its appendages. It has been recommended in special cases: but it is better to avoid any examination during menstruation, and in no case should the sound be passed without previously having made a careful bimanual examination.

To introduce the uterine sound, place the patient as in passing the speculum, and pass two fingers of the right hand, viz., the index and middle, up to the cervix, with the knuckles toward the pubes, and in the groove formed by the fingers glide the instrument along, keeping the concave surface directed backward. Never forget to have the sound warmed previous to its introduction. If the passage is straight, as in females who have never had children, the index finger will be sufficient to guide the sound. If the os is directed downward and forward, the instrument is passed into the cavity without rotating the handle; if the os is, however, directed downward and backward, the instrument is only allowed to enter the external os, and then the handle is turned so that the point of the sound may be directed upward and forward.

If there be any difficulty in making the instrument enter, this is often overcome by slipping the point of the instrument from the finger tip into the os.

We noticed previously that the instrument usually passes into the uterine cavity for two and a half inches, as indicated by the nodule upon the convex edge of the sound. To measure the distance it has passed, place the finger point

firmly upon the portion at the os, and keeping it there, withdraw the instrument, when you can at a glance observe by the engraved figures how far the sound has passed. With sufficient care, we can usually succeed in passing the sound into the healthy womb; but the most experienced finds it often exceedingly difficult to introduce it in certain affections of this organ.

In the various flexions and versions, as also neoplasms projecting into the cavity, we find much to oppose our attempts to pass the sound. In some cases you will even fail, and it is only by the greatest patience that success may reward your efforts. Generally its introduction is free from bleeding, and if traces of blood are seen, it is usually the result of congestion, cancer, fibroids, or polypi. Force should never be used, as you will simply expose your patient to much danger. To lay down special rules were vain, for experience must guide you in each case. Every instrument should have a mark upon the flat surface of the handle, so that the operator may have no difficulty in seeing at once how the instrument is situated. In replacing the displaced organ, say in displacement backward, the movement is effected by a rotation of the handle through half a circle, so that the portion acting within the uterus may rotate in the smallest degree. A simple twisting of the handle is apt to give pain, and may cause injury. In conclusion, the uterine sound, as before stated, should never be used without previously making a careful examination. So much is this overlooked that a very eminent obstetrician proposes to have a uterine sound made, having for its handle a small representation of a fœtus, which may be the means of causing the operator to pause before using the instrument.

The Use of Lime in Gout and Allied Diseases.

Dr. H. C. March writes, in the London *Med. Times and Gazette*, March 19th, 1881:—

In the treatment of gout we are apt to reach a troublesome stage. The subject, let us say, is fat and plethoric. He has an active mind, but a slothful body; a big belly and a disposition to keep it full. He gladdens his heart with corn and wine. All at once occurs a furious attack of podagra. The doctor is promptly summoned, who restricts the too ample diet, applies favorite lotions, and fires into him a fusillade of purgatives, alkalies, and colchicum, with a reasonable amount of benefit. For now he can limp a little, the nocturnal exacerbations are over, and the inflammation is gone. Indeed, the treatment may have been so successful that the circulation has become feeble, the skin chilly, and the appetite poor. But the foot remains swollen, and marked with purple veins, and when it is placed on the ground, "the blood rushes into it," as the patient says, and it assumes a livid appearance. This state of things may last for weeks, in spite of tonics and general treatment; but we all know that it is rapidly cured at Buxton or at Bath.

The notion of administering lime had often occurred to me. The difficulty was to find a satisfactory formula. Lime-water has obvious disadvantages. Many of the salts of lime are insoluble. The acetate, which is both soluble and stable, is excessively disagreeable. At last I thought I would manufacture a citrate, and set about it on this wise. I neutralized a quantity of liq. calcis saccharatus with citric acid. The compound was perfectly clear, and remained so all day; but the next morning, much to my astonishment, I found a copious, dense, white precipitate, which every chemist will readily understand was due to the slow conversion of the citrate of lime into the oxalate. The experiment was repeated, always with the same result; but presently I discovered a rather curious fact, and one that I cannot very well explain—that if the saccharated solution of lime be treated with a considerable excess of citric acid, this conversion into the oxalate does not take place. This is certain, because I have ascertained that citric acid does not dissolve oxalate of lime. Another curious fact should be mentioned, that if this acidulated citrate of lime be now neutralized with carbonates of the alkalies, chalk is not formed, the solution remains perfectly clear. Thus, then, the difficulty was removed, and the following is the formula I now employ:—

℞.	Liq. calcis sacch.,		℥ iv	
	Acid. citric.,		℥ iv	
	Tr. aurant.,		℥ ij	
	Aquæ,	ad	℥ iij.	M.
℞.	Sod. bicarb.,		℥ j	
	Pot. bicarb.,		℥ j	
	Am. carb.,		℥ ss	
	Aquæ,		℥ vj.	M.

Sig.—A tablespoonful of the acid mixture, with two of the other, to be taken in effervescence.

Of course, to this may be added Rochelle salts, or colchicum, or quinine, or anything, in fact, that the fervid practitioner may desire. But as the prescription stands, I have obtained from it the best and speediest results in those cases of chronic after-gout that I have endeavored to describe. The swelling of the foot subsides, the turgid veins contract, the strength of the joint increases, the appetite returns.

What is to be said of this therapeusis? A hundred and fifty years ago gravel and chronic gout were treated by lime-water with great success. Christison maintained that urate of lime is more soluble than uric acid. Clinically speaking, in the cases I have indicated, citrate of lime would seem to have an action specially tonic; an action that also appears to be of much benefit in some low sweating forms of rheumatic fever.

High-heeled Boots and Backache.

The following observations are made by Dr. C. D. F. Drury, in the *British Medical Journal*, March 26th:—

I am certain that, in women, the most frequent cause of backache is leucorrhœa; and until this (whatever may be its cause) is cured, the backache will continue. My experience is that considerably more than half the married women, and very many unmarried ones, suffer, off and on, from leucorrhœa. I believe the most prolific cause of "whites," in unmarried women, to be

long standing on the legs and bodily fatigue. Another cause of backache is the wearing of high-heeled boots, which necessitates the continuous action of the muscles of the lower part of the spine, in order to maintain the proper balance and erect position. I have had four such cases, and I know of another, all cured by discontinuing the use of high-heeled boots. It is really surprising what very serious symptoms may arise from such an apparently trivial cause. The following is the first case about which I was consulted:—

M. A , aged 17, an assistant in a large drapery house, a delicate-looking blonde, of pale, lymphatic temperament, subject at times to hysteria; had been quite regular since she was fifteen; and occasionally the catamenia were very profuse. She complained of almost nothing except severe backache, "a feeling as if her back had been bruised," which frequently prevented her from sleeping at night. She had had "whites" on several occasions, even sufficient flow to make her think she was menstruating; but at present she had none, and felt better and stronger than for some time. with the sole exception of backache. Her appetite, though generally capricious, was now good. I prescribed rest, change of air, valerianate of iron, and a large belladonna plaster to the back, and directed her to lie at least an hour, morning and afternoon, on the sofa, with a cushion well pressed into the back, and to take a short walk twice a day. She obtained a fortnight's holiday. When she returned the backache was no better; in fact, worse; so much so, that her mother was determined I should see it; she was sure "there must be something wrong with my daughter's back." She now, also, complained of aching in the calves of the legs, and great tenderness in both groins. Her mother said she had noticed that her daughter had always complained more on Sunday nights, and all day on Mondays; but, during the last week, every day was the same. Her daughter did not dislike her employment, and, indeed. was now most anxious to return. I examined the back carefully; nothing seemed wrong there; nothing was to be seen on the calves; there was no glandular enlargement, nor any swelling in the groins, though there was tenderness to touch. Her urine was normal. I was about to leave the room, when I noticed that she was wearing very high-heeled boots. On my return to my room, I told the mother that her daughter must have another fortnight's holiday; must carry out my directions as to medicine, rest, etc., as before; and in addition, must wear woolen stockings, a pair of soft-soled house-slippers always; and when she went out, put a pair of goloshes over them, but at no time wear boots. In a fortnight she called to tell me she was quite well, and intended to return to her employment on the Monday following. I then explained to her that the sole cause of her backache was the wearing of high-heeled boots.

"Inward Fits" in Children.

Dr. Charles Bell writes on this subject, in the Edinburgh *Medical Journal*, December, 1880:—

This is a common disease in infants within a few months after their birth. The child lies as if asleep, but the eyelids are partially open and have a twinkling motion, the eyes are turned up so as to show the white, the muscles of the face and lips have a tremulous movement, producing the effect as if the child were smiling—a circumstance which has given rise to the beautiful idea that angels are whispering to it, which has been finely illustrated by Moore in his Irish Melodies, under the name of "The Angel's Whisper." As the disease increases the breathing is occasionally interrupted, the features become pinched, and a livid circle forms around the mouth and eyes. There is restlessness and starting during sleep, and the child is disturbed by the slightest noise, and sighs and brings up wind, after which it relapses into a drowsy state. In simple and mild cases the attacks generally disappear as the child's strength improves: but if it is improperly treated, the drowsy state increases, and a sort of thrush appears, accompanied by feverishness, sour vomiting, watery stools, gripes, which may terminate in regular convulsions.

Dr. Armstrong has divided this disease into four stages, viz.: 1st, inward fits; 2d, fever and thrush; 3d, sour vomiting; 4th, convulsions. Underwood did not consider it worthy of being called a disease, and that he knew no complaint which ought to be called "*inward fits;*" the symptoms described above were worthy of attention only from the risk that they might pass insidiously into regular convulsions—an amply sufficient reason for their being carefully attended to and means taken for their being removed.

The incipient stage which occasioned the name may occur at very early periods, and the earlier it does so, there is the greater danger to be apprehended. Nurses often use the terms on insufficient grounds, and in consequence the mother is apt to become needlessly alarmed, and to have recourse to very improper medicines, such as Dalby's carminative, Godfrey's drops, Soot drops, etc., which are liable to produce serious results.

It has been connected with spasm of glottis, with acute asthma, the peculiar species of convulsions, cerebral croup, laryngitis stridulus, thymus, asthma, or spasmodic croup, by different authors.

Treatment.—It is clear that the symptoms which have just been described are the result of something irritating the bowels, and that a dose of magnesia will in general be sufficient to remove it. Should this not be the case, it may be necessary to attend to the state of health of the nurse, and to give the child the benefit of change of air.

Detection of Fuchsine and Certain other Aniline Colors in Wine.

We learn from the London *Chemist and Druggist* that, in the *Berichte der Deutschen Chem. Gesellschaft*, January 10th, 1881, F. König describes a very simple method for testing wine, or any other liquid, for fuchsine, by means of which mere traces of the color may be detected. The method is based upon the affinity of fuchsine for wool, the ready decomposition of the latter by caustic potash, and the solubility of rosaniline in ether.

The author manipulates with wine in the following way:—

About 50 cc. of the wine to be tested are treated with excess of ammonia until the red color passes into a dirty green. About half a gram of clean white wool is then immersed in the liquid, and the whole boiled until the entire quantity of alcohol and ammonia has evaporated, the green color gradually passing into a brownish red. This treatment suffices to destroy the color of wine, while fuchsine or other aniline colors become fixed upon the wool. The wool is then taken out of the liquid, washed with water, and wrung. In the case of samples of wine containing a considerable quantity of fuchsine, the wool becomes at once strongly colored; but, as even a strongly-colored, unadulterated red wine imparts to the wool a reddish tinge, to avoid error the piece of wool must be put into a test tube, and moistened therein with a solution of pure caustic potash containing about one-eighth to one-tenth of the dry alkali. The test-tube is then carefully heated, and continually shaken, until the wool has dissolved to a brown liquid. Upon cooling, the solution is first treated with about half its volume of pure alcohol, upon which an equal volume of ether is then poured, so as to form a layer above the alcohol. The whole is then shaken up, at first gently, and then more vigorously, and after a few seconds a layer of ether, which contains some alcohol and all the rosaniline present in the wine, forms above the brown liquid. This is either poured off or, preferably, removed by a separatory funnel, and treated in a test-tube with a drop of acetic acid, whereupon, if the wine operated on contained even a mere trace of fuchsine, a red tinge is produced. The delicacy of the method is chiefly due to the concentration of the fuchsine of 50 cc. of wine in a few cc. of potash solution, from which it is easily transferred to the alcoholic ether. The true coloring matter of wine is destroyed by the above process.

In the case of red wine containing 1 mg. fuchsine per litre the other assumes an intense red color, and even a wine containing only 0.04 mg. per litre (a dilution of fuchsine which is scarcely visible in a considerable layer of the water containing the color in this proportion) imparts to the ether a most decided red tinge, which cannot be mistaken, the coloring matter of even the darkest red wine not passing over into the ether solution. To detect such a dilute fuchsine solution the only way hitherto available was by evaporating a considerable quantity of the wine to be tested, and examining the residue.

Certain other aniline colors, such as violet and blue, admit of detection in the same way.

By working according to the author's method with known volumes, prepared by dissolving fuchsine in red wine, a scale may be prepared by means of which approximate quantitative results may be obtained.

Sanitary Rules for Public Buildings.

The following rules, says the *Sanitarian*, to be observed in the construction of all buildings erected under her Majesty's Office of Works, have been prepared and issued by the Secretary to the Office of Works:—

1. All water-closets and urinals shall be constructed so that one wall, at least, of such closets and urinals shall be an outer wall of the building.

2. All soil pipes shall be carried outside the building, and ventilated by means of pipes leading the foul gases above the highest point of the building. Such pipes to be carried to points removed from chimney stacks.

3. Separate cisterns shall be constructed for the water-closets and for the general purposes of the building. No tap or "draw-off" shall be affixed to any pipe communicating with a cistern supplying a water closet or urinal.

4. All waste pipes and overflow pipes of cisterns shall terminate in the open air, and be cut off from all direct communication with drains.

5. Great attention shall be paid to insuring thorough ventilation in all rooms. Rooms so high that their ceilings shall be more than two feet above the top of the windows, corridors, staircases and other open spaces, shall be specially ventilated, so as to prevent the accumulation of stagnant air.

6. All main drains should, where practicable, be formed outside the building. In the event of its being necessary to carry a main drain underneath a building, it must be trapped immediately outside the main wall, and a ventilating pipe must be carried from that point to the highest part of the roof, as under Rule 2.

Reviews and Book Notices.

Notes on Current Medical Literature.

——The advantage of the treatment of certain gynæcological cases by absolute rest, is set forth by an illustrative case by Dr. H. R. Bigelow, of Washington, in a reprint from the Maryland *Medical Journal.*

——We have received the Announcement of the Medical Department of the University of Pennsylvania, for the one hundred and sixteenth Annual Session, 1881–82, from which we give the following calendar:—

1881.

Sept. 12. Preliminary Course opens.
" 28. Competitive Examination for Scholarships held.
" 29. Examination for Admission to Advanced Standing, and Re-examination of Undergraduates.
" 30. Examination for Admission.
Oct. 3. Winter Session opens.

1882.

Feb. 27. Examination of Graduating Class begins.
March 1. Examination of First and Second Year Students begins.
" 15. Annual Commencement.
" 16. Examination for Resident Physicians, University Hospital.
" 20. Spring Session opens.

THE

Medical and Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	$5.00
Half-Yearly Compendium of Med. Science,	2.50
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	8.25

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
115 South Seventh Street,
PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all *paid-up* subscribers any of our publications at *twenty per cent. discount, postage prepaid.* We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. $2.00. To Subscribers $1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. $1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. $4.00. To Subscribers $3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. $4.00. To Subscribers $3.20.

MORTIMER-GRANVILLE.—COMMON MIND TROUBLES. $1.00. To Subscribers 80 cents.

NAPHEYS.—MEDICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

NAPHEYS.—SURGICAL THERAPEUTICS. Seventh edition. $4.00. To Subscribers $3.20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. $3.00. To Subscribers $2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. $1.00. To Subscribers 80 cents

Full catalogue on application.

STATISTICS OF SICKNESS IN BENEVOLENT SOCIETIES.

There is a valuable source of statistics relating to the amount of sickness in certain classes in this country, which, so far as we know, has not been utilized by our sanitary students. We refer to the reports of those benevolent societies which pay their members a certain sum when they are incapacitated by illness from pursuing their avocations. The most important of these societies is the Independent Order of Odd Fellows. For the experience of this influential organization we are indebted to the courtesy of MR. JAMES B. NICHOLSON, Grand Secretary of the Grand Lodge of Pennsylvania.

The attention of this Order is naturally turned to a study of the prevailing average of sickness, because the question of this average for each year of an individual's age is of importance in estimating the obligations which a Lodge assumes on receiving a member, and in devising a system of dues which shall bear equitably on every person. And all the statistics which have been accumulated for years go to prove that there is a steady rate of increase in sickness for the average individual, proportionate to his advance in age. Years ago this fact was established by the authorities of Great Britain in their investigations into the condition of friendly societies. The only reasonable question that remained was, whether the conditions of health and disease on the continent of North America were the same as in Great Britain. That question may also be considered as answered—all statistics showing that the yearly increase takes place in the new world as in the old; that the rate is slightly lower among our members than among members of benevolent societies in Britain; and that in all these organizations the rate is much lower than with the general community.

In Pennsylvania there is, throughout all the lodges, there has been, as might be expected, a steady increase in the average of sickness as the Order grew older, and a larger number of its members approached old age. This is strikingly illustrated in the following table, which gives the

general average of sickness, in weeks, per one hundred members:

In 1873,	this	was	62.25.
In 1874,	"	"	62.91.
In 1875,	"	"	67.22.
In 1876,	"	"	64.47.
In 1877,	"	"	77.39.
In 1878,	"	"	80.90.
In 1879,	"	"	89.78.

Classifying the lodges by hundreds, the statistics render apparent how much less time is lost by sickness in the junior lodges than in the old ones. Thus, the oldest 100 lodges in this State lost, in 1879, 125.81 weeks' sickness for each 100 members; while the 100 junior lodges lost but 22.35 weeks' sickness for each 100 members. A mathematical law has been deduced from the study of this progression, to this effect. It appears that after making due allowance for the causes that produce fluctuations, the existence of a law that regulates the demand for sick benefits is as clear as any mathematical demonstration can be made.

In the lodges numbering from 1 to 100, the increase in five years was twenty-four weeks for each one hundred members. In the lodges numbering from 501 to 601, the increase during the same period of time was thirteen weeks, while in the lodges numbering from 701 to 801, the increase was five weeks. Thus showing that the ratio of increase in five years was greatest in the oldest lodges, and least in the younger lodges. Nothing can be clearer than the fact thus demonstrated by the experience of the Order, that in every lodge there will be an increased demand for benefits in the future, as the lodges grow older, and that the ratio of increase will change and be enlarged with each decade of years, until the maximum demand is reached, on account of the maximum of sickness having been attained. The financial bearing of these facts on the prosperity of the Order is perfectly well recognized by the able men who have its interests in charge.

The reports of Mr. J. W. Hallam, Grand Secretary for the State of Delaware, present the statistics of the Order in other forms, one of his tables showing the number of members sick at each age, with the number of weeks' sickness, and the number who died. While another table shows, by decades, the number, averages and percentages of members sick at each age, the number of weeks' sickness, and the number who died. A part of this table we make room for, as it strongly shows the increasing invalidism with advancing life:—

AGE.	Total Membership.	No. of Members Sick.	No. of Weeks' Sickness.	Average No. of Weeks each Member is Sick.
From 21 to 30.....	858	248	1001	4.
" 31 " 40.....	830	361	1946	5.
" 41 " 50.....	423	332	2279	6.83
" 51 " 60.....	191	220	1488	6.76
" 61 " 70.....	63	127	1230	9.85
" 71 " 86.....	22	43	647	15.

It is believed, also, that temporary causes, especially business prostration, increase the amount of sickness, even among active, fairly well-to-do males, as most of the members of the I. O. of O. F. are. Thus, the Grand Secretary remarks of the sick rate in 1879, which mounted up to the heavy figure of 89.87 weeks for each 100 members:—

The amount of sickness for which benefits have been paid, if distributed *pro rata* among the entire membership in the jurisdiction, would assign to each member during the past year a sickness of six days, six hours, fifty-eight minutes and forty seconds duration, an increase of nearly two days within the past five years. It was thought that the steady increase in the average amount of sickness was abnormal, arising largely from business depressions and want of steady employment. It is yet too early to declare that there is no ground for the idea. The experience of the current year will be looked for with some anxiety, to ascertain whether the increase will continue upon the same ratio as it has done in the past, or whether the revival of business will not have a favorable effect upon the ratio of sickness.

It is highly probable that this is an exciting cause of many maladies. The depressing effect of anxiety, grief and fear, of disappointment and discouragement, are too well known to need special mention.

These observations by no means exhaust the documents of the Order in their hygienic and sanitary interest, and we refer to them rather to bring them to the attention of special students in that branch than for any other purpose.

Notes and Comments.

Iodoform as a Vermifuge.

Prof. F. L. Sim, M.D., of Memphis, relates, in the *Mississippi Valley Medical Monthly*, for May, the case of a young man who presented a number of distressing symptoms, such as intolerance of light and sound, with great debility and nervous prostration, impaired digestion, disturbed sleep, etc. He was first seen in April, 1876.

A visit to Hot Springs, Ark., during 1878, greatly improved his health, but upon returning he soon relapsed into his former condition.

May 1st, 1880, during the Doctor's absence, he called upon another physician, on account of disease of the prostate, for which he was advised to take one grain of iodoform three times a day. After continuing this treatment for some time, he observed some segments of tapeworm in his stools. He was now advised to take santonine in fifteen grain doses, but this vomited him so severely that its use was abandoned. A half drachm of oil of male fern was then ordered, to be followed in four hours by a large dose of castor oil and turpentine. This caused the expulsion of eighteen feet of the worm.

During the succeeding two or three weeks the patient greatly improved. At the end of this time he again had recourse to the iodoform for relief of uneasiness about the neck of the bladder. Three days later segments of the worm were noticed; this continued as long as the pills were taken regularly; when they were discontinued the proglottides ceased to pass.

October, 1880, he was ordered the male fern as before, this time resulting in the expulsion of thirty feet. Although no head was discovered, we hoped the entire worm had been passed.

The health of the patient continued to improve for about one month, when the former symptoms again made their appearance. The iodoform was this time resorted to for diagnostic purposes, and after a few days' use of it segments of the worm were found in the stools. Its use was persisted in for several days before adopting curative treatment, with the view of sickening the worm, thereby rendering its complete expulsion more certain.

Early in January, 1881, a large dose of kousso was taken, but at once rejected by the stomach. A drachm of oil of male fern (double the former dose) was then taken, followed by a brisk cathartic four hours later. This resulted in the expulsion of twenty-one feet, and probably all, of the tapeworm, as the iodoform has been taken several times since without discovering it. The health of the patient is entirely restored; he complains of nothing, eats heartily and his digestion is perfectly good.

Another case is related; that of a gentleman who complained of intolerable tickling and itching about the rectum and anus, becoming greatly aggravated after going to bed at night. This distressing feeling had annoyed him for months; recently, however, it had grown so violent that he was compelled to seek relief. He was ordered a suppository of cocoa butter, containing seven grains of iodoform, to be introduced into the rectum at bedtime. The following morning he reported having passed "a handful of needle-worms" (oxyuris vermicularis). Complete relief was obtained in about one hour after the introduction of the suppository, and the first good night's rest enjoyed for many nights followed. One grain of iodoform was then given by the mouth three times a day, the suppositories to be repeated if itching returned. No suppositories were subsequently indicated. After a continuation of the iodoform four days the worms began to pass, and were found in every stool for six days. No evidence of their presence has since existed.

In two other instances during the administration of the iodoform to adults for other purposes a number of the ascarides lumbricoid were ejected.

Where tapeworm is suspected the Doctor thinks the iodoform will prove of great diagnostic value. He does not regard it as a vermiciticide, as the segments were expelled alive. How it acts, he will not undertake to state, but thinks it quite probable that the odor proves intolerable and actually "stinks him out."

Menstruation after Ovariotomy and Gastrectomy.

M. Ormières, in an interesting thesis (Thèse de Paris, 1881) cites upwards of 150 cases and observations collected from all sources; in many cases after complete extirpation of the ovaries menstruation took place, just as before the operation; and even after the ablation of the body of the uterus (gastrectomy) and the two ovaries, menstruation has, in a certain number of cases, persisted.

The author, from the consideration of these cases, arrives at the following conclusions as regards the menstrual flow and its relations with the ovaries: The congestion which determines the menstrual flux is the consequence of a vaso-motor reflex of which the point of departure is the ovary. This organ, at the period of puberty, enters on its period of functional activity and becomes the seat of a continuous cell formation, which reacts on the central nervous system, and

thus determines, at the moment when excitation is most marked in the ovary (when the rupture of the Graafian follicle is imminent), that state of congestion which determines the monthly flow. But how explain the occurrence of menstruation after extirpation of the ovaries. If there is absence of ovaries or atrophy of these organs in the young girl menstruation never takes place. It would seem that when once the perfectly developed ovaries have reacted on the nervous system; induced menstruation and "habituated the uterus to regenerate monthly its mucous lining membrane, the phenomena of nutrition and cellular reproduction will from that time forward continue spontaneously." The author then considers that the reflex of menstruation, as also the menstrual discharge, may have its source in any part of the genital apparatus, from the ovary to the vagina. From the numerous considerations embodied in the thesis the following general law may be formulated: "Menstruation has in all cases, its origin and the cause of its periodicity in the functional activity of the ovarian epithelium, and later, or perhaps from the beginning, in that of the epithelium of the mucous membrane of the vagina and uterus."

Complete Obliteration of the Common Bile Duct, Without Jaundice

At a recent meeting of the Société de Biologie, April 23d, MM. Hanot and Gombault reported a case of sclerosis of the pylorus, with fibrous transformation of the hilum of the liver. On dissection and examination with the microscope, it was found that the common bile duct, the cystic duct and the hepatic artery were completely obliterated; the obliteration of the portal vein was not complete. There had never been any trace of jaundice while the patient was alive.

MM. Hanot and Gombault consider that the pathogenesis of jaundice is far from complete elucidation, and that the facts in this case might be variously interpreted. In the pathogenesis of jaundice, the condition of the excretory bile ducts is not the sole subject for consideration; the state of the vessels which carry to the hepatic parenchyma the elements of the secretion, as also the state of the secreting organ itself, are both subjects of primary importance.

In this case the ductus communis choledochus was obliterated; but, at the same time, there was complete obliteration of the hepatic artery, and incomplete closing up of the portal vein. It may then be admitted that the biliary secretion was, if not abolished, at least very notably diminished, so that its retention did not suffice to produce the phenomena of icterus.

The tissue of the liver presented the microscopic lesions, which are produced experimentally by ligature of the common bile duct and portal vein, a sort of compound cirrhosis, venous and biliary at the same time.

On Nerve Stretching.

The effects of nerve stretching, as reported in our foreign contemporaries, seem to be by no means uniform. Sometimes the most obstinate neuralgias are at once and permanently relieved, at other times no appreciable improvement is effected. Here is a favorable example from the practice of Dr. W. J. Naismith, reported in the *Lancet*, May 14:—

J. L., a miner, aged fifty four, was admitted with intense sciatica on the left side. He had formerly been a laborer, when he was exposed to all weathers, and he was much addicted to alcohol drinking. His appearance was strikingly indicative of a broken-down constitution. He had been in various hospitals within the last seven years, during which period he had been a martyr to his complaint. He had had all kinds of treatment, including blisters, liniments, subcutaneous injections, courses of iron, arsenic, quinine, etc., together with acupuncture, and the application of the button cautery, but all to no purpose. It was therefore resolved to try stretching the sciatic nerve; and the operation was performed under chloroform, in the usual manner, and without strict antiseptics, though dressings of carbolic oil, one to twenty, were used. For the first week there was a slight rise of temperature, and pain was complained of in the wound, but these symptoms subsided, and the man made a good recovery, expressing himself grateful for his entire immunity from his old sciatic pain since the day of the operation. This patient was under observation for three months, and during that time there had been no return of his complaint.

Race Differences.

The study of race differences, as exhibited in the bony skeleton, includes not merely the skull, the facial bones, the tibia, the os calcis, etc., but also the form of the scapula. This is studied in the last volume of the *Journal of Anatomy and Physiology* (1880), to which Professor Flower and Dr. Garson contribute an important article upon the "Scapular Index as a Race Character in Man." This index is the numerical expression of a proportion between the length and breadth of the scapula. The "infra-spinous in-

dex," *i. e.*, the distance between the root of the spine and the inferior angle, is also taken into account. Broca was the leader in this direction. In fourteen races (200 Europeans, 14 Australians, and 21 Andamanese,) the authors found the Europeans to have a scapular index of 65.2 and infra-spinous index of 89.4; the Australian indices, on the other hand, were 68.1 and 93.3, and the Andamanese 69.8 and 92.7.

The difference in the volume of skulls of the different races has been afresh investigated by Le Bon. In 100 skulls of Parisians of this century, 11 were over 1700 cubic centimeters in capacity; of 100 negro skulls not one reached this size. Among skulls of native Australians and of the Pariahs of India, he did not find one over 1500 cubic centimeters capacity; the largest skull found in these races was 400 cubic centimeters less than the largest in the modern French race.

Infiltration in Mammary Cancer.

In the last volume of the *Journal of Anatomy and Physiology*, Dr. Creighton calls attention to the hard cancers of the breast, and to their infiltrating properties. He starts with Sir J. Paget's definition of infiltration, as being the insertion of structures proper to cancer in the interstices of the proper tissue of the part, and then discusses two propositions: 1. That the initial condition of the original epithelium is, in many cases, that of an actual or literal infiltration into the surrounding stroma; and 2. That it is this literal and actual insertion of epithelium that determines, through the mimicry of infection, the familiar appearance of alveolar or linear groups of epithelial cells springing from the stroma cells at a number of independent centres. In another admirable paper on the pathology of sarcoma, he takes occasion to say, with regard to the origin of such tumors, that there is not a survival of the embryonic tissue itself, but of the *tendency to form* embryonic tissue.

Dr. Warren's Surgical Inventions.

The *Virginia Medical Monthly*, for June, contains an article from Dr. Joseph H. Warren, of Boston, defending his new surgical instruments against the adverse strictures of some critics at the meeting of the American Medical Association. It is evident from his account that certainly some of these criticisms were made altogether too hastily, and with an extremely superficial knowledge of the subject. Dr. Warren says:—

It has also been said that my instruments are complicated and liable to convey disease in their joints. In answer to this, we need only say that any one, upon examination, can easily see that the instruments are of the most simple arrangement, combining the wedge and screw in shape, and moreover, can be very readily washed and cleansed after any operation. Thus the objection of septic poisoning exists only in the vivid imagination of my critic. From their construction, they open any passage before them with great ease, and, as I have said before, avoid friction by presenting to the mucous surface but a small portion of the instrument at any one time, thus allowing the body of the instrument to follow with ease through any strictured canal.

From what we have heard and seen reported in the journals, Dr. Warren's instruments have proved themselves very useful in practical surgery.

Purpura Hemorrhagica.

Recent works and observations would seem to confirm the opinion of MM. Stieldorf, Wagner, Henoch, Couty, etc., on the nervous origin of certain cases of purpura. MM. Rigal and Cornil, in considering a recent case with autopsy (Société Med. des Hôpitaux), arrives at the following conclusions: 1st. Purpura hemorrhagica of gravity is a symptomatic complexus, constituted fundamentally by hemorrhages from cutaneous and mucous surfaces, and by a progressive weakness which is not always in proportion with the abundance of hemorrhage. 2d. Whatever the morbid conditions which have primarily induced purpura, there must exist some trouble of the vascular innervation to explain the hemorrhages; either an excitation of the sympathetic, or a diminution in the action of the vaso-motor centres. 3d. The alterations of the blood, and the lesions of the vascular coats, appear to be variable and not constant. And, though of importance, they are insufficient to explain the phenomena of purpura hemorrhagica.

Cases of Allocheiria.

This is the name which Prof. Obersteiner, of Vienna, suggests for the subjective error of locating an impression on the opposite side from that on which it is made. At a late meeting of the Medical Society of Vienna, he related a number of cases in illustration of this not very unusual symptom. One was of a man of thirty-five years, the subject of syphilis and consequent melancholia; another, a workman, whose spine had been injured by a falling beam; a third, a choreic girl of thirteen, etc. In all these, the sensibility, as tested by the æsthesiometer, was normal, but the seat of irritation was located on the opposite side of the body from which it was made.

CORRESPONDENCE.

Pneumonia.

ED. MED. AND SURG. REPORTER:—

The readers of your valuable journal, during the past few months, have seen much on the treatment of pneumonia. Views are expressed with freedom, with considerable warmth, occasionally a tinge of bitterness and ridicule, by men, some of whom are widely known. How shall the busy workers throughout our broad land get at the truth of the matter, when opinions and practices of eminent men differ so materially?

Dr. Corson, a man of eminence and experience, a bold and vigorous writer, claims that pneumonia is not a formidable disease if treated early and vigorously with the lancet. He denounces the modern methods in stinging terms, and contrasts unfavorably the results of to-day with those of our fathers.

Dr. Wile, like Saul of Tarsus, sees a great light, and becomes a vigorous apostle of the new dispensation. The claims of both in favor of bleeding, the ease with which the cases are managed, the rapidity of recovery of young and old alike, seem at first startling and wonderful.

But then comes Dr. Snow, an eminent statistician, a veteran observer, and says, May 14th, MEDICAL AND SURGICAL REPORTER, in "Facts about Pneumonia," "The percentage of deaths from pneumonia is no greater and no less than it was twenty-five or even forty years since. There has been no perceptible change in this respect during this time." Again he says, "The debility of advanced life, and the debility of infancy, age and want of age, seem to be the most important causes of death from pneumonia. Less than one-fourth of the living population is under five and over fifty years of age, but this less than one-quarter of the population furnishes nearly three-quarters of all the deaths from pneumonia." (This reckoning for special latitude, and population of Providence.)

Again, in the number of May 7th, "B" says, "I have been in the practice thirty-seven years; half of that time have been what we call busy: have never lost a case of pneumonia, although I suppose I have had the usual proportion of that disease in my practice. If I get them before engorgement or congestion, I take pneumonia with as little concern as I do chicken pox or mild measles." Again, further on, "As for veratrum and aconite they are about as good a substitute for the lancet, in the hands of the physician, as a harrow is for a plow in the hands of the farmer." Speaking of "the stimulators," he says, "I expect all to die who are thus treated," etc.

All this suggests the old question, "who shall decide?" Where is the truth? A few comments: 1st. While our ears and our judgments should be ever open to the reception of truth from any and every source, let us not, as cool and candid physicians, be too easily influenced and carried away by the enthusiastic and extravagant claims of any one method. Cold water and ice are excellent helps in the treatment of scarlet fever, but let no one set up the claim that in that dread disease many will not die who are thus treated early and judiciously.

Give us your best treatment of diphtheria, but do not claim for it that it will cure all cases, for hundreds of us, that try it after your plan, know better. Tell us, after much experience and careful observation, what, in your judgment, is the best treatment in pneumonia, but do not add that you "take it with as little concern as you do chicken pox, or mild measles," or that "in thirty-seven years you have never lost a case." The physician has evidently seen but little of the severer forms of pneumonia in New England, in those who have passed threescore years, who can say that. And, pray, do not hold up to ridicule the practice of the hundreds of eminent and successful physicians, as honest as yourself, who think they can do better for their patients by methods differing from yours or mine. Show them the better way, calmly, considerately; do not claim too much.

2d. Is it not as well to admit the plain fact, that the gravity of the disease (in pneumonia), depends largely upon the amount of lung substance involved, the character of the disease, whether croupous or catarrhal, the age and vitality of the patient, the season of the year, etc. etc. And to admit what most of us fully believe, that many of the cases will recover without any medical treatment, and that many will die in our own time, as they have done through the past ages, under any form of medical treatment?

This query is not raised in the interests of any simple palliative, or do-nothing treatment.

It was not my purpose, in this communication, to express any preferences of my own regarding treatment; but to satisfy any curiosity on that point, I will adopt the language of Dr. J. H. Claiborne, of Virginia, in REPORTER of May 14th, as my own. He did not think "we could fail to go astray if we followed the teaching of the gentlemen who always recommend bleeding, nor could we fail to go astray if we believe those who tell us never to bleed. The middle course was safest, and we should be guided more by experience than by theory. There was no one method of treatment applicable to all varieties of pneumonia."

Of the last twenty cases of pneumonia I have treated, eighteen have recovered; two have died. One of these latter was under two years of age, the other was sixty-six. The man of sixty-six I bled early in the disease, about twenty ounces. He was relieved for the time, but died about seven days from the attack, as I have known many of similar age to do. Though I cannot judge with any degree of certainty, still I hardly think the bleeding materially hastened or retarded the fatal termination. I think he would have died under any treatment. I did not bleed any one of the eighteen cases that recovered. I do not give this single case for its statistical value, for I agree with Dr. Post, "that little or no dependence can be placed on statistics," for, contrary to the old adage, "figures will lie." Still it comes in as a part of my experience.

3d. The well balanced, the useful physician, should not be an extremist. Use the knife boldly, give the heroic dose fearlessly, or the placebo conscientiously—not because any one

man vehemently recommends it as the cureall, but because, from the best knowledge you are able to gather from books and teachers, and from your own unprejudiced, conscientious judgment, you believe it best for the safety of the life committed, under God, to your care. Do it, because you would do the same if your own wife or child were the patient.

W. G. Brownson, A.M., M.D.

New Canaan, Conn.

Dr. F. M. Robertson vs. Evolution.

Ed. Med. and Surg. Reporter:—

The recent attempt of the president of the North Carolina Medical Association (see the report of his address in the recently published transactions of the North Carolina Medical Society) to bring contempt upon the doctrine of evolution and its advocates should meet with rebuke. Dr. Robertson ignores the fact that a large portion — my limited acquaintance with physicians, physicists, naturalists, etc., would lead me to say the larger portion—of those who have had a thorough scientific training have adopted in some form those theories of descent and causation which he denounces. He ignores the fact that evolution is not necessarily irreligious or atheistic, and that even Darwin claims that the utmost which he has aimed to accomplish is to explain some of the modes of operation of Deity.

The ancient notion of the origin of species by special creation has been steadily giving way to that of creation by law, and naturalists, becoming better acquainted with the fundamental unity which pervades all living things, have looked and are looking to natural causes for an explanation of the manifold and marvelous diversity which everywhere exists. An ever growing realization of the all-comprehensive scope of natural law has produced this result, and Mill and Lyell were the logical precursors of Darwin and Spencer. Mill, by positing the order and uniformity of nature as the basis of his system of logic, and by formulating with clearness and precision the canons of scientific induction, made evolutionists of many of his disciples before Darwin and Wallace expounded their theory of natural selection; and Lyell, by referring all past geologic phenomena to the slow action of the same forces which are still at work over the earth's surface and beneath its crust, paved the way for Darwin and Spencer to explain the evolution of higher from lower forms of life, by agencies which are still visibly in action. That the present is the child of the past; that all things now existing sprang from antecedent causes and conditions properly called natural and adequate to their production, seems a truism to most of us.

The substance of Darwin's theory, which is so abhorrent to the North Carolina president, is briefly this: The environment of all animals and plants is continually changing; they must adapt themselves to these changes or perish. Those organisms which are best fitted to their conditions of life survive and multiply, at the expense of the others; this is "survival of the fittest," or "natural selection." This process is known to be going on at the present time, and it is legitimate to believe that it has been going on in all past time. Important modifications of structure are thus effected in the course of a few generations; these are propagated by heredity; artificial selection can produce even greater structural modifications, as every gardener and stock breeder knows. But this law of variation through adaptation to changing condition and survival of the fittest, operating through countless ages of past time, must have produced great unlikenesses, and the presumption is—supported by striking facts from every department of natural science, as experts of all kinds, who have found the Darwinian theory helpful and even indispensable, testify—that the multitudinous differentiations of existing plants and animals, known as genera, species, etc., so originated. In other words, this is the best explanation which science can at present offer of a problem which miracle has hitherto been invoked to solve. That all living things, man not excepted, sprang from one or a few primordial forms, is also a necessary part of the theory.

It is needless to say that the main thesis of Darwinism is still nothing but a hypothesis, having, indeed, a very high degree of probability, and supported by deductive evidence that is very strong. Thus the single line of argument by which Huxley connected the living one-toed genus equus with a typical five-toed ancestor common to it and other ungulate animals, showing how by progressive modifications the development has taken place, and demonstrating the successive links in the chain, carries conviction to many minds, that in at least one branch of the animal kingdom a definite pedigree, in accordance with Darwinian principles, has been established; and the inference is to me irresistible, that such has been the general course of nature in respect to animals and plants. I see no caprice in nature, but one method, one order. Men who have no strong prejudices and prepossessions, who are attentive students of nature, who are observant of the modifications now going on in living organisms in accordance with changed conditions, and who have mastered the anatomical peculiarities which constitute varieties, the more conspicuous shades of difference which constitute species etc., and who have realized the impossibility of telling, in multitudes of instances, where varieties end and species begin—there being really no hard and fast line between them—who, moreover, feel their inability to form any conception of how species could have come into existence, except as gradual or more or less abrupt modifications of preëxisting varieties, to whom, moreover, the notion of continued miracle supplementing the ordinary operations of nature is repugnant and shocking, such persons find Darwin's theory both reasonable and helpful. Yet they accept it provisionally, waiting for more light, and anxious for the truth and nothing but the truth.

In conclusion I would state the following points as pretty well agreed upon among modern scientific reasoners:—

1. We are, by the necessary limitation of our faculties, forever debarred from all knowledge

of final causes. We may learn the how, but we can never know the why.

2. We are thus shut out from all speculations as to the origin of life, etc., which are so apt to complicate investigation.

3. The faith of the age, that all things came to pass in accordance with one eternal order, which knows no caprice or chance, will abide. This divine order is the expression of wisdom, and as we have a right to believe, a plan.

Newburyport, Mass. E. P. Ξurd, M.D.

Report of Snyder County, Pa., Medical Society.

Ed. Med. and Surg. Reporter:—

Society met in quarterly meeting at Middleburg, May 4, 1881. Rather a slim attendance; but the meeting was still more interesting than usual; one election for membership; one proposition for membership. At this meeting we have our annual election for officers and delegates to the Medical Society of the State of Pennsylvania. Dr. Perc. Hermann was elected President; Drs. J. F. Kanawell and I. R. Swigart, Vice-Presidents; Dr. J. Y. Shindel, Secretary; Dr. R. Rothrock, Treasurer. For Censors—Drs. J. W. Sampsell, J. O. Wagner and I. R. Swigart. Delegates to Medical Society of the State of Pennsylvania—Drs. H. M. Nipple and John Y. Shindel. Retiring President's (Dr. H. H. Bordner) address, Subject, "Society," was listened to with marked attention, and received with merited applause; on motion, Dr. Bordner was asked for a copy of the address, to be inscribed on the minutes of the Society, and to be published in one or more of the county papers, and in the Medical and Surgical Reporter, of Philadelphia. Under miscellaneous business the Secretary had read a letter from Dr. D. G. Brinton, editor of Medical and Surgical Reporter, therefore the Secretary was instructed to send an abstract of our proceedings, with a copy of Dr. Bordner's (retiring President) address. Treasurer reported a balance in treasury—all debts paid. The President-elect, in obedience to standing resolution, appointed Drs. Nipple, Swigart and Bordner as Board of Examiners for ensuing year. An operation, for the extirpation of a tumor from the neck of a young woman, was then performed—Dr. H. M. Nipple very successfully plied the scalpel. The tumor was deeply imbedded among the tendons on the left side of the neck, just under the angle of the lower jaw; was firmly attached by its base to the deep fascia; made a good recovery. The Society adjourned to meet in regular quarterly session at Middleburg, first Wednesday in August, 1881.

John Y. Shindel, *Sec.*

Scribner's Monthly's Plea for Quack Medicines.

Ed. Med. and Surg. Reporter:—

Some comment seems needed anent the peculiar argument in favor of quack medicines that appeared in a late issue of *Scribner's Monthly*. It is difficult to account for the action of the editor of *Scribner's Monthly*, himself a member of the profession, upon any other ground than one of policy. The sale of patent "cure-alls" depends upon exhaustive and ingenious advertising. Large amounts of money are yearly set aside for this purpose. The magazine or journal that champions quacks will profit largely in dollars and cents. Humanity has a weak side, and "filthy lucre" tempts the best of us. If *Scribner's Monthly* gain nothing in the matter of intelligence, it will replenish its coffers, and this fact makes logical the most chaotic and unsound deductions. There is, however, a criminal side to the question, one of which the law may well take cognizance, and the person who aids or abets the sale of a nostrum claiming to cure diseases entirely dissimilar and depending upon the most opposite pathological conditions, is a *particeps criminis*, and amenable to prosecution. In the first place, there is a well established false pretence in the claim of most advertised patent medicines, and in the second place, there is a criminality in administering narcotics, irritants and excitants in diseases the nature of which renders such administrations highly dangerous. It has happened in the experience of every practitioner to meet with infants that have been made alarmingly ill by taking cough syrups and carminatives advertised to cure, and into the compounding of which opium enters as a chief ingredient.

Very recently a case has come to my notice, of a gentleman in good standing, who had been induced to treat himself for acute Bright's disease. Death satisfied him of the fictitiousness of the Great Kidney cure, and the dealer mourned the loss of a profitable customer. The life of the man, under proper surveillance and treatment, might have been prolonged for a considerable length of time. No one in his right mind believes in a panacea for all diseases. To advance such a claim is preposterous, and stamps the advocate either as an interested party, or as insane. Science may or may not include medicine as a collateral branch, this depending widely upon the personal bias of the layman; be this as it may, it certainly will not number among its disciples those who believe in the balm of universal youth, in the indefinite perpetuation of life, or in the efficacy of certain concoctions of ignorant men who dare not state the working formulæ of their remedies upon their bottles. It is a matter of congratulation that the editor of *Scribner's* is willing to submit himself as an experiment for the good of his fellow men, and that he will find out by experience the good and the bad. The man who can thus make a common cloaca of himself, for the reception and discharge of kidney and liver cures, vegetable compounds, female curealls, etc., etc., is worthy of historic perpetuation. But a question of morality is involved in this matter. Can a magazine having the reputation of *Scribner's Monthly* afford to parade to its readers the disgusting advertisements of Dr. So and so's great remedy for gonorrhœa, nocturnal emissions, and youthful indiscretions, or Mrs. Midwife's sure and safe remedy for women, warranted to cure; or Mr. Fraud's love potions, indorsed by the leading faculties of Europe. Can we suppose that the editor of *Scribner's* does honestly believe that a remedy which will

relieve corns will also cure Bright's disease, consumption, and cirrhosis of the liver; or that a sedative for whooping cough will cure phthisis? Can any educated gentleman indorse the claims of such universal remedies? There is much of common stuff in medicine and literature; one is as much a science as the other is an art. The literateur who debases his high calling, who propagates corrupting romance, who deals in sensuality, or who prostitutes his brain for money, by pandering to the demands of pretentious advertisers, is on a par with the physician who is such only by self-election, and who has neither knowledge, character, nor diploma to give him countenance. The good physician and the honorable man of letters go hand in hand through life, despising deceit, ever engaged in advancing all that is best, noblest, and most genuine. The man of letters becomes unscientific and ignoble in the endeavor, born of ignorance, to stultify the profession of the physician and to elevate that of pretenders. The science of medicine needs no defence. It stands upon a rock, against which the winds of cavil and the empty bellowing of conceit have for years beaten in vain. It has outlived its enemies in the past, and will win over those of the present by its noble philanthropies, its brilliant results and its unceasing investigation. It is sneered at, and decried only by the sciolists who know nothing of it. Ignorance is privileged to mock at knowledge. It can afford to pass by in silence the weary, foot-sore and much abused feuilletonist, who, in the "demnition guise" of news hunting, grasps at anything sensational with a delicious unconsciousness of truth or merit. With a bottle of liver cure on one side, and "uterine regulator" on the other, writhing under the effects of cancer cures, cathartic pills and regulators, in his stomach, the brain of the champion will naturally respond in notes discordant and inharmonious. We will await with some interest *Scribner's* plea for quack literature.

HORATIO R. BIGELOW, M.D.

Washington, D. C.

Iodine in the Treatment of Chronic Intermittent Fever.

ED. MED. AND SURG. REPORTER:—

My practice, for the most part, lies in exceedingly malarial districts, the river bottoms of Kansas. The streams are low, sluggish, with scarcely fall sufficient to carry their waters anywhere. The spring freshets frequently cause them to overflow their banks to such an extent as to engulph a great portion of the surrounding country, and a natural result is a great deal of vegetable *debris* for the scorching rays of summer to breed malarial fever. In the summer their surface is often coated with a thick, greenish scum, which only the autumnal frosts kill or winter consumes. The soil on these river bottoms is *fearfully* and wonderfully rich, an intensely black, tough compound very productive, full of moisture when the uplands are as dry as an Arabian desert, exhaling malaria of an exceedingly concentrated kind. Consequently, we have the malarial fevers in abundance, from early summer to very late fall, every variety of disease occurring partaking, more or less, of some degree of this malaria. Often, in crossing these bottoms at midday, during the hottest days of summer, I imagine I can see it, as a tangible body, floating in the air before my eyes, and at night, in fording these streams, I certainly smell it, beyond a doubt.

The ordinary forms of intermittent fever I treat with a great deal of success, by the following combination, a teaspoonful of which is taken every two hours, during both the cold and hot stages, for several days successively, omitting it only during the hours of rest at night, or when there is no recurrence of the chill after the third or fourth day of its employment. You will notice that it is a combination of the antiperiodic with a febrifuge, to meet the indications of both stages:—

℞. Quiniæ sulph.,		ʒj	
Acid. sulph. aro.,		q.s.	
Elix. glycyrrhizæ comp.,		℥j	
Spt. ether. nit.,		℥j	
Spt. mindereri,		ʒvj	
Tinct. aconit.,		gtt.xx	
Syr. limonis,	q.s.	ʒiv.	M.

If there is any anæmia present, as there frequently is, or if there is loss of appetite, with great debility, etc., I prescribe the following in connection with the above, a teaspoonful of which is to be taken three times daily, largely diluted with water, before meals:—

℞. Ferri citratis,		ʒiv	
Tinct. nuc. vom.,		gtt.xxx	
Tinct. gentian. comp.,		℥iss	
Tinct. serpentariæ,		℥iss	
Aquæ font.,	q.s.	ʒiv.	M.

Occasionally cases of a rarer or more persistent form present themselves for treatment; an old hoosier, for instance, who has been in a chronic shake, perhaps, from the hour of his birth; cases in which the paroxysms occur every fourteen days, or even every twenty first day, which resist all manner of ordinary treatment, and where the spleen is as large as an average "pancake." In these cases I have met with uniformly good results from the following combination, as alterative, prescribed during the interval of attack, and up to within a day or two of the expected recurrence, when the quinine mixture given above is to be renewed, and continued until after the danger is past:—

℞. Tinct. iodinii,			
Tinct. sanguinariæ,			
Tinct. ferri chlo.,	āā	ʒj.	M.

SIG.—From twenty to thirty drops, in water, three times daily, after meals.

I have found this act as a cholagogue, relieving the congestion of the liver so prevalent in these cases; as a chalybeate, remedying the anæmia present; as a *splenitic*, reducing the size of the spleen materially, and as a general tonic and alterative. I have prescribed the combination for a year, or more, past, and have met with nothing since able to supersede it. For these rare forms of intermittent fever, therefore, not so rare, after all, in malarial climates, such as this.

I make no hesitation in recommending it, knowing full well, by a great deal of experience, that it will give better satisfaction than most of the remedies in vogue.

This letter was suggested by one from Dr. Samuel R. Olliphant, of New Orleans, in the REPORTER for June the 4th.

Peabody, Kan. CHARLES H. MILLER, M.D.

The Use of Quinine.

ED. MED. AND SURG. REPORTER:—

I see in No. 15, current volume, where S. S. F., of Pa., puts some queries that have not been answered. 1st. To disguise the bitter taste of sulph. quinine entirely, is next to impossible, but here are three methods which greatly diminish its bitterness:—

℞. Quiniæ sulph., gr. xij
Acidi tartarici, gr. vj
Syrup aurantii corticis, f. ℥ ij M.

SIG.—One to two teaspoonfuls.

℞. Quiniæ sulph., gr. xij
Syrup acaciæ,
Aqua cinnamomi, āā f. ℥ iss. M.

SIG.—Shake well. Dose, one to two teaspoonfuls, followed by a hearty draught of water. Is nearly tasteless, the quinia salt being only in suspension, not in solution.

℞. Quiniæ sulph., gr. xij
Syrup sarsap. comp., ℥ iss
Acidi tannici, gr. ij. M.

SIG.—Dose one to two teaspoonfuls.

Now, in regard to preventing relapses in intermittent fever or ague, my experience is this: There is no known remedy, unless taken continuously for some time, that will prevent a return of the paroxysms; that is, the patient still remaining in a malarious locality. But S. S. F. will find that the disease is not so likely to recur if checked with the following:—

℞. Cinchoniæ sulph., gr. xx
Pulv. capsici,
Pulv. ext. colocynth, c., āā gr. v
Pulv. ipecac, comp., gr. x. M.

Ft. chart. No. x.

SIG.—One every two or three hours; the last one to be taken two hours before expected chill.

This prescription should be given in wafers or capsules. A purgative is hardly ever required, as the colocynth combined generally moves the bowels sufficiently; and another great advantage of this prescription is its small cost, which is quite an item to those physicians who, like myself, have to furnish their own drugs; and last, is its certainty; it will not fail as often as sulphate of quinine.

I have been fighting malarial diseases in a very malarious vicinity for the last ten years, and where the disease shows a stubborn tendency to return I prescribe the following bitter—which is bitter, sure enough, but will do the work if taken according to directions:—

℞. Sulph. cinchonidia or quiniæ, ℥ ij
Ferri cit., ℥ iij
Spiritus frumenti, ♁ ij. M.

SIG.—Tablespoonful before each meal.

This amount is generally sufficient to eradicate any case of simple ague, and has a tendency to give the patient an appetite, and remove that sallow and anæmic condition so universally found in those in whom ague has become chronic. I do not think there is any likelihood of the patient having an appetite created for stimulants, from this prescription. This is rather an expensive treatment when arsenic is so cheap, but arsenic is not so certain, nor does it meet all the indications so well; but a solution of arseniate of potassa, week about with the above, is very good treatment.

This article is a great deal longer than I expected it to be when I commenced. But if you think it would be of advantage to S. S. F., or any of the profession, publish it; otherwise, file it away in the waste basket. A. P. LEVICK, M.D.

Woodville, Md.

The Use of the Lancet.

ED. MED. AND SURG. REPORTER:—

I have been a subscriber and reader of the MEDICAL AND SURGICAL REPORTER for over twenty years, and consider its medical literature highly profitable to any medical man who will peruse it.

But I must confess that I have been somewhat amused, although gratified, by the correspondence which has been brought out since Dr. Corson's first article on the use of the lancet in the treatment of pneumonia. His long experience and close observation amply qualify him for saying that the lancet is the *sine qua non* as a therapeutic agent in the treatment of pneumonia.

I heartily endorse Dr. Stinson's remark (when bleeding is indicated what practitioner will refuse to resort to the lancet). Dr. Milliard, in the last number of the REPORTER says, nineteen out of twenty fail to see the indication. Now, if there is that percentage of medical men who fail to see the indication, we have nineteen out of twenty utterly unfit to use the lancet if they did see the indication.

Dr. Corson tells us, in one of his articles, that some of the *great minds* of the profession are averse to the use of the lancet in their teaching. But it is for us to decide who are called to the bedside of the pneumonic patient; it is upon our shoulders that rests the responsibility of the case. And upon our judgment rests the decision whether we will use the lancet or not.

I remember, a few years ago, of meeting a homœopathic physician in the road, in my own territory, who had discarded our system and taken up the infinitesimal plan of so-called medication. He remarked, "Doctor, I want to make you a present of my lancet. I fear, when my hour of dissolution arrives, that the use I have made of my lancet will be a source of regret to me." I remarked: "You had better hold on to it. I consider the lancet the sheet anchor in congestive and inflammatory conditions of the system." A short time after our conversation this follower of Hahnemann was called to a case of cerebral congestion in my locality, and using the lancet almost to *deliquium animi*, brought about a speedy convalescence. Meeting him soon after, I

remarked, "How fortunate for you, as well as your patient, that you were in possession of your lancet." He replied, "Well, Doctor, this was a case that required prompt, decided, and immediate treatment." I must say that I conclude that the use of the lancet in the congestive stage of pneumonia is the *treatment*, provided we can see the *indication*.

N. G. THOMPSON, M.D.
Brandywine Manor, Pa.

Skin Affections in Neuralgia.

ED. MED. AND SURG. REPORTER:—

The following case of neuralgia being so different from the usual form, prompts me in reporting it in your journal, with the hope of learning from other members of the profession of any cases similar. I am aware of the herpetic eruptions accompanying, at times, this very troublesome disease, but fail to find in medical literature any report of cases similar to mine.

Mrs. C., a young married lady—delicate in health from repeated miscarriages—gave me the history of her case before I had an opportunity of actual observation. Her statements were confirmed in about a week's time after. The pain is situated over the brow, or a little back of either wrist, and is so severe as to produce almost complete unconsciousness, lasting for an hour; then the skin over the painful part becomes red, and in from three to four days a blister, similar to one produced by cantharides, forms, bursts, and goes through the usual process of drying. After the formation of the blister the pain is relieved, and the only annoyance is the ulcer. The duration of the attack is from five to seven days.

W. PENN BUCK, M.D.
2010 *Arch st., Philadelphia.*

Crude Petroleum.

ED. MED. AND SURG. REPORTER:—

The many favorable reports of the efficacy of crude petroleum in chronic bronchial and lung diseases, has caused the M.D's. to give it a trial in these troubles. But I am informed that the patients soon revolt, on account of its nauseous taste and the disagreeable eructations it produces. Now, these were the troubles I encountered: in the first place, it resists almost all the formulas used in emulsifying cod liver oil. I have recently used the medicinal oil, which is purified and deodorized by throwing it as a spray into steam, and then filtering; it is pleasant, palatable, and equally as efficacous; it is simply the crude, deprived of its gases and unpleasant properties. We find it one of our most valuable medicines, in coughs, colds, asthma, and all forms of chronic lung diseases. Evidence is not wanting to prove it our most valuable palliative and cure in phthisis pulmonalis. The medicinal oil is easily emulsified.

M. MILTON, M.D.
Bradford, Pa.

Correction.—On page 631, column first, line twenty-two, the paper on the Comparative Value of Atomized Fluids should have been credited to Dr. Roe, of Rochester.

NEWS AND MISCELLANY.

The Progress of Surgery.

The progress of surgery is well illustrated in the following extract from a recent lecture of Prof. Von Nussbaum, of Munich:—

That great scholar, Phillips von Walther, asserted that it was an impossibility for any man to see the deeper parts of the eye. He founded this statement upon the fact that the eye is a "camera obscura;" it is like a chamber with one window, and this window, as seen from without, appears always black, and does not permit of the remote parts of the room being seen. No one disputed this statement of Walther's; but scarcely was he laid in his grave when the ophthalmoscope was invented, and the deeper parts of the eye explored with almost mathematical exactness. The first step was to reflect light into the eye by means of a mirror; then the silvering was removed from a small portion of the back of the mirror, and so, while the rays of light reflected from the mirror lit up the interior of the eye, the structures could be conveniently examined through the transparent part of the mirror.

Dieffenbach, the bold German operator, wrote, in 1842, "It is unjustifiable to cut into the abdominal cavity in order to take out a diseased ovary. The organism will not tolerate such interference." Dieffenbach had only been a short time dead when ovariotomy produced splendid results in England; and now Keith performs fifty successive ovariotomies with only one death. A very modest calculation shows that through the ovariotomies successfully performed in England, France, and Germany, more than 30,000 years of life have been spared to the human race.

A few decades since it was considered that wounds of the intestine were invariably fatal; no one dared to put in stitches. Now the intestine is drawn out of the abdominal cavity, diseased portions to the extent of 10-12 cm. are taken away, and the healthy parts brought together. The bowel, carefully protected, is left outside the abdominal cavity for, perhaps, a few days, until it is soundly healed, and then it is returned into the abdomen. Thus it cannot now be affirmed with truth that wounds of the intestine are necessarily fatal.

It is not so very long since a suggestion made by the surgeon, Carl Theodor Merren, to remove cancer of the stomach, was looked upon as "a beautiful dream of youth." However, Professor Czerny demonstrated practically, four years ago, that a person can continue to live after the whole stomach has been removed. He cut out the entire stomach, and stitched the œsophagus to the intestine, and the digestive functions were carried on very well, and the patient had good health.

How Doctors are Made in China—The Last Resort of Medical Art among the Celestials.

Dr. Kate C. Bushnell, a lady missionary, at Kin Kiang, China, says, in a very interesting letter to the Chicago *Medical Journal and Examiner*, for May, 1881:—

The native physician of China is a member of

the literary class, and well versed in the philosophy of Confucius; of medicine he is not required to have any special knowledge. There is a law by which physicians and druggists are held responsible for errors in prescriptions, but the native never takes advantage of it.

The creation of a physician generally comes about in the following manner: A Chinaman is seriously ill; he sends for the literary relative (or relatives, as the case may be), of the family, for advice. The literary gentleman searches all the works on medicine at his disposal, and treats the patient according to directions. Should that literary man happen to be successful in his treatment, his fame is spread abroad, and ever after that he is consulted as a specialist in that particular disease. There is no doubt that many a man of the most unreliable character makes his way to the front of the medical ranks in this way, and doubtless many a life is sacrificed thereby.

The *last resort*, in serious cases of sickness, is that of administering fresh, warm, human flesh to a dying person, and it is said there are many monuments in China erected to the memory of women who have allowed themselves to be butchered for their husbands, brothers or fathers. I have yet to learn of a case where either the dying man or person from whom the live flesh was cut recovered; unfortunately, however, the *physician* usually survives the operation. Fortunately this custom is not a common one.

The Paris Municipal Laboratory.

Since October, 1878, a chemical laboratory has been in function at the préfecture of police in Paris; the city is divided into ten sections, and two expert inspectors appointed to each section; they can enter any store, or any stall in the public markets, and seize on any bad or rotten fruit, vegetables, provisions, etc., exposed for sale, or on any article of food, etc., which appears to be adulterated. Two samples of the articles seized are sent to the central laboratory for examination; the inspectors are forbidden to have any commercial dealings with the storekeepers, and are changed from one section to another monthly.

Latterly, on the earnest petition of the storekeepers, this laboratory has been opened to the public; qualitative analysis of any substance (that is the simple determination of the quality, good or bad, of the substance analyzed), is done gratuitously. For a quantitative analysis of samples of sugar, wine, beer, spices, etc., a fee of from ten to twenty francs is required. Such a service, with a similar laboratory, would be useful in our own large cities.

Opium Smoking in Persia.

A correspondent of a London paper states that he witnessed opium smoking at Kelat, in Persia, carried on in the following manner:—

The smokers lie at full length on the floor, their heads together on the same pillow, their feet outward, like the spokes of a wheel. Close to the pillow is a small circular table of alabaster, a foot wide, and raised five inches from the ground. On this is a small lamp of the same material, fed with butter. This is covered by a glass bell, about seven inches high, its edges resting on three small copper coins, so as to allow air to enter. In the top is a small hole, bound with brass. The flame comes within a couple of inches of this aperture. A piece of opium, as large as a good-sized pea, is stuck on the point of a kind of metal bodkin, and held over the flame. It is repeatedly melted and tempered before being smoked. The opium pipe consists of an earthen or metal pear-shaped bulb, about the size of a boy's peg top. In the broad end is inserted a wooden tube, ten or twelve inches long. In the side of the bulb is a very small hole. A piece of roasted opium is placed on this hole, and pierced with the bodkin, so as to allow the passage of air. The smoker holds the opium thus placed over the aperture in the glass bell and inhales the smoke, a companion all the while turning and manipulating the opium with the bodkin. After half a dozen puffs the smoker relinquishes the apparatus and sinks back in a semi lethargic state.

Vaccination Experiences.

A Detroit (Mich.) doctor, who has vaccinated over five hundred persons, reports that not more than two men out of ten have it done in a straightforward way. They hesitate, make inquiries, and postpone it a few days. One insisted upon being strapped fast to his chair while the operation was performed. Another wanted to take chloroform. A negro was one day seen to walk past the office several times, and the doctor finally stepped to the door and asked him if he wanted to be vaccinated. "'Deed, sah, dat's what I cum for," he replied, "but de werry minit I turned dat corner de blamed thing quit aching!" As a rule, the men, when they feel the lancet, cry "Woosh!" or "Thunder?" The women cry "Ouch!" generally, but now and then one screams "Oh, Lordy!"

Enforced vaccination in England has led almost to a riot in the coal and iron district near Manchester. The report is now current that the Government find the population of the country is increasing too rapidly, and are determined to destroy as many as possible of the rising generation. Ready credence is given to other stories of the most monstrous character, and the people, in fact, are reduced to that state of panic in which they will lend an ear to any story, however absurd.

Centennial Meeting of the Massachusetts State Medical Society.

The Medical Society of Massachusetts held its Centennial Anniversary, commencing Tuesday, June 7th, and occupying that and the following days. The programme embraced an oration by Dr. S. A. Green, in Sanders' theatre, and one by Dr. John Collins Warren; a dinner with President Elliott and the Fellows of Harvard University; an excursion down Boston Bay; a reception by the President, and other pleasing features. The attendance was large, numbering in all about a thousand, and there were a number

of invited guests, both from the non-medical citizens and from the profession in other States. Most of the addresses were historical in character, setting forth the early history of the Society, and the condition of the profession in Massachusetts in the olden time.

The British Contagious Diseases Acts.

The Report of these acts, which aim at the registration and examination of prostitutes, has been published for the year 1880. It sets forth in clear and unmistakable terms the advantages, both to the public and to this class of women, of such medical and police inspection. After a full analysis of the Report, the *British Medical Journal* says, editorially:—

"From all this, it is evident that the repeal of the acts would be most disastrous to the various districts which have the advantage of their beneficial working; while nothing could be more desirable than their extension, at least to all the garrison towns and naval seaports to which they have not as yet been applied."

There is not a medical journal in Great Britain but entertains and expresses similar sentiments; while in the United States the MEDICAL AND SURGICAL REPORTER continues almost alone in its advocacy of the introduction of a similar system here.

Comparative Mortality of 1881.

The *Sanitary Engineer* contains a comparative statement, prepared from figures in the possession of the National Board of Health, showing the comparative annual rate of mortality per 1000 of population, from diphtheria, scarlet fever, measles and smallpox, based on the returns for the first quarters of 1880 and 1881, of five leading cities:—

	1880.	1881.	Inc.	Dec.
New York	2.12	4.18	2.06	.....
Brooklyn	2.42	4.07	1.65	.....
Philadelphia	1.57	4.25	2.68	.....
Cincinnati	1.68	1.21	.....	0.48
Chicago	3 86	2.74	.....	1.12

These figures show that while the death rate of Philadelphia is below that of some other American cities, it is increasing at a frightful rate.

Color Blindness in Pilots.

In conversation on the subject of color blindness, Supervising Inspector General of Steamboats Dumont says:—

"Every day develops additional proof that it is necessary that pilots of steam vessels and engineers of railroads should be most carefully examined for color blindness by experts. The latest case bearing on this subject that has been brought to the attention of the authorities here is that of the pilot of the City of Austin, who, through mistaking the color of the buoys in the channel, lost the vessel in the harbor of Fernandina, Fla., on the 24th day of last April. Owing to the fortunate mildness of the weather no lives were lost, but the estimated loss on vessel and cargo is $200,000.

Enlargement of the Jefferson Medical College.

The increase in the number of students at Jefferson Medical College, this city, has rendered an extension of the main building necessary. The Tenth Street front will be built up in pressed brick, even with the street line, giving additional seating capacity in the amphitheatre for one hundred more students. The present dissecting room will be transformed into a laboratory, and an additional story will be erected on the western end of the structure, to be used for dissecting purposes. The interior of the building will also be thoroughly renovated, and when the improvements are completed, which will be by September 1st, the building will be practically a new structure.

A Prophetic Joke.

A correspondent of the Louisville *Medical News* states that he was recently called to see a very intelligent lady, who was pregnant, and greatly troubled with nervous vomiting. She ascribed her gastric symptoms, in a jocular way, to "being *enceinte* with twin boys, and, you know, boys will quarrel."

He gave her one drop of wine of ipecac three or four times a day, which afforded her decided relief during the succeeding three weeks of its use, at the end of which she was delivered of two fine boys. The diagnosis suggested by her wit had proved correct.

The National Board of Health

The annual meeting of the National Board of Health closed its sessions in Washington, June 3d. The following officers were elected for the ensuing year: President, James L. Cabell; Vice-President, John S. Billings; Secretary, Thomas J. Turner: Executive Committee, P. H. Bailhache, J. S. Billings, J. L. Cabell, S. F. Phillip, S. Smith, T. J. Turner.

Patent Medicines in Great Britain.

Increasing intelligence does not seem to diminish the sales of patent medicines. The English statistics show that, while in 1844 the State tax amounted only to $150,000 per year; at the present time it is nearly one million dollars a year. It is said, too, that they are bought rather by the middle and upper, than by the poorer classes.

The Washington Training School for Nurses

Held their graduating exercises in the Congregational Church, Tuesday evening, the 24th of May. The President, Dr. Toner, delivered an address on the organization and management of the Society, and its methods of instruction. A number of other addresses were also made.

Lactopeptine in Cholera Infantum

Now that the sickly period of the year for infants is approaching, it will not be inappropriate

to recall to our readers the various testimonials to the value of lactopeptine in this complaint. Administered at a sufficiently early stage it modifies the secretions promptly and favorably, and leaves no after effects of an unpleasant character.

The Yellow Fever.

A few cases of yellow fever have been reported from Havana. Telegrams from the City of Mexico report that, owing to the prevalence of yellow fever at Vera Cruz, the Mexican railway company has put on a special train on the days of the arrival of steamers, to take passengers direct to Orizaba.

Personal.

—Dr. J. D. Littlefield, of Titusville, Pa., has removed to Boston, Mass.

—Dr. J. Marion Sims, who has been passing some months in Florida, has returned, greatly benefited in health.

Items.

—Trouble over the clause providing for the appointment of a female physician in the Insane Hospital at Warren, Pa., nearly defeated the bill, in the Legislature, for the organization of that Institution.

—The State Medical Society of Wisconsin met June 7th, in Milwaukee, with a full attendance. The President was Dr. Ira Manley, Jr., who delivered an address on the Influence of the Mind on the Body.

—A bill for the prevention of bad plumbing, and which requires all plumbers in New York City and Brooklyn to be registered, has become a law. Its principal feature is the requirement of the approval of the Board of Health for drainage and plumbing in the future.

—Diphtheria is epidemic in Ludington, Michigan. One hundred and twenty children have died there recently of that disease, out of a total population of four thousand. The schools are closed, and all the infected houses quarantined by special policemen.

OBITUARY NOTICES.

DR. GREENSVILLE DOWELL.

This well-known surgeon, who for the past fifteen years has been Professor of Surgery in the Galveston Medical College, and editor of the Texas *Medical Journal*, died in Galveston, June 9th, after five days' illness. He was born in Virginia, September 1, 1822, and received his degree of M. D. from the Jefferson Medical College, in 1847. He practiced first in Mississippi, then at Memphis, and in 1853 removed to Texas, where he finally established himself. During the war he was surgeon in the Confederate Army, and for two years was in charge of the Galveston General Hospital.

Dr. Dowell was a frequent contributor to medical journals, and wrote two separate volumes—one on the Radical Treatment of Hernia, the other on Yellow Fever and Malarial Diseases. He had an extensive acquaintance with modern languages, and as a lecturer was fluent and lucid. The radical operation for hernia which he devised gave excellent results in his hands, and has been adopted and successfully carried out by a number of surgeons, especially in the Southern States. Personally Dr. Dowell was a gentleman of agreeable manners, great kindliness of heart, and of pleasant conversation. He will be widely regretted.

DR. HUGH LENOX HODGE.

Dr. Hodge died of pneumonia, on June 9th, at his residence in Philadelphia, closing at a too early age a career of exceptional promise. He was born here, July 30th, 1836, his father being the late Professor Hugh L. Hodge, of the University of Pennsylvania. He graduated from the medical department of the University of Pennsylvania in 1858, when he became resident physician of the Pennsylvania Hospital, which office he retained until the spring of 1860. In 1861 he was appointed Demonstrator of Anatomy in the University of Pennsylvania, and commenced in the same year the instruction of private classes, on Chestnut street, between Ninth and Tenth streets. Shortly after he began a series of lectures on Anatomy and Operative Surgery. In 1870 he was appointed Demonstrator of Anatomy in the University, and about the same time became Attending Surgeon at the Children's Hospital. When the Presbyterian Hospital was opened, in 1872, he became Attending Surgeon at that institution.

Dr. Hodge wrote many important papers for the medical press. Some of his subjects were: "Metallic Sutures," "Tracheotomy in Croup," "Drainage by Solid Metallic Probes," "Deformities of the Hip," "The Construction, Ventilation and Hygienic Management of Anatomical Rooms," etc. His principal attention had been given to surgery, and during the war he was professionally engaged in the Army of the Potomac, and at various military hospitals. His personal character ranked among the purest and the best, and a wide circle of families to whom he was medical adviser will regret his loss, as well as the many personal friends to whom he was dear.

MARRIAGES.

BERGHAUS—SOHOENBEEK.—In New York, May 7th, by the Rev. Mr. Mohn, Alexander Berghaus, M.D., and Annie Sohoenbeek.

LEWENBERG—LEE.—On June 2d, 1881, by Rev. James Shrigley, J. F. Lewenberg, M.D., and Annie E. Lee.

DEATHS.

BOYD.—At Albany, N. Y., on May 10th, James P. Boyd, M.D., in the seventy-eighth year of his age.

EVANS.—At Penrhyn, Lower Merion, Montgomery county, on Sunday, May 22d, 1881, Dr. Edward Cadwalader Evans.

HODGE.—In this city, on Friday, June 10th, H. Lenox Hodge, M.D., in the forty-fifth year of his age.

O'DANIEL.—At Wilmington, Del., on the 1st instant, Dr. John P. O'Daniel.

WILMARTH.—On Tuesday, June 7th, at his residence, in East Orange, N. J., Frank Wilmarth, M.D.